



Equine Veterinarians Australia

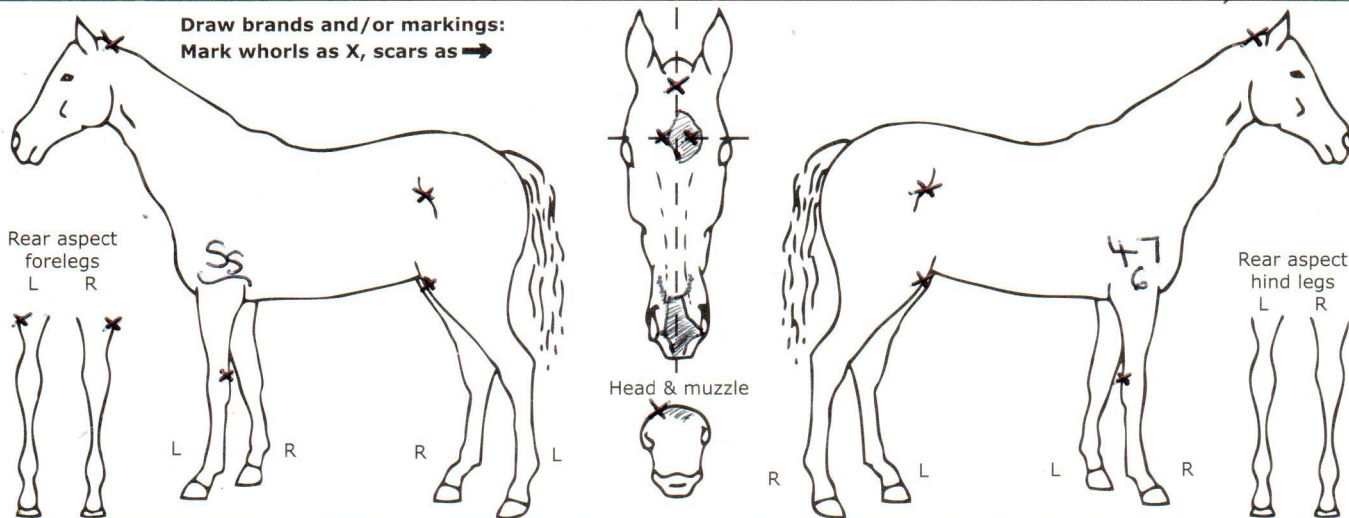
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



VETERINARY REPORT ON BROODMARE FOR SALE

This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVax® Vaccine or any other medication.

Animal presented as: Bella Rosa		Age/DOB: 21/09/16
(If unnamed) Sire:		Dam:
Breed: Thoroughbred	Colour: Bay	Microchip No: 985100012109963
Owner (if known):		Address (if known):
Person requesting examination: A. Neasham		Place of examination: Warwick Farm, NSW



This mare was examined (please tick)

The mare was (please tick)

Reported last serve date

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input type="checkbox"/>
Other Physical Restraint	<input checked="" type="checkbox"/>

Pregnant	<input type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

N/A

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter* (Measured by US)	Comments
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 5.3cm x 3.75cm	Left: 2.8cm x 1.8cm	Multiple small/medium follicles
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 4.52cm x 5.34cm	Right: 2.8cm x 1.8cm	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
Comments					
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Udder			Details		
Visual Examination			WNL		
Manual Examination			NAD		

Other comments

Good body condition.

Date: 06/05/2020	Signed: [Signature]
Name (please print): Dr. Kate Robson	Place stamp/write address here: 11611
Contact Number: 0296013444	
AVA No: 26343	VPB No: N10805

Warwick Farm Equine Centre P/L
 10 Bull Street
 Warwick Farm NSW 2170
 Ph: (02) 93013444