



# Equine Veterinarians Australia

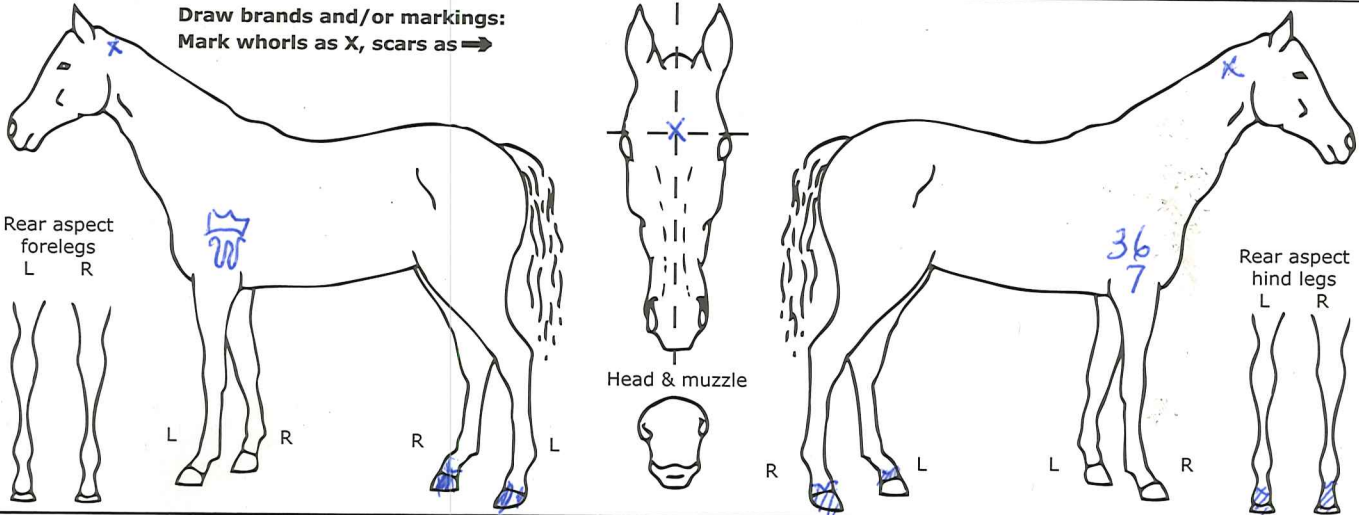
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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 Equity® Vaccine or any other medication.

Animal presented as: <b>CHASE THE DAME</b>		Age/DOB: <b>13 YEARS</b>
(If unnamed) Sire:		Dam:
Breed: <b>THOROUGHBRED</b>	Colour: <b>BAY</b>	Microchip No: <b>9851000109 08489</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>DARREN DANCE</b>		Place of examination: <b>MANNINGTREE PARK</b>



**This mare was examined** (please tick)

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

**The mare was** (please tick)

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

**Reported last serve date**

Vaccination	Y/N	Date
Hendra (HeV)		} UNKNOWN
Tetanus		
Strangles		
EHV-1,4		

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			RIGHT 3.5 x 4.3cm	1cm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			LEFT 5cm x 4.4cm	2cm	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
Uterine Cysts?	<input checked="" type="checkbox"/>		
Uterine Fluid?			
Comments: <i>1 small 1cm diameter cyst in body.</i>			

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments: <b>REQUIRED.</b>			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination			
Comments:			

**Other comments** .....

Date: <b>29/6/21</b>	Signed: <i>[Signature]</i>
Name (please print): <b>K. M. TYLER</b>	Place stamp/write address here:
Contact Number: <b>5334 6756</b>	<b>BALLARAT VETERINARY PRACTICE</b>
AVA No: <b>5309</b>	<b>EQUINE CLINIC</b>
VPB No: <b>3547</b>	<b>MIDAS ROAD, MINERS REST</b>
	<b>PHONE 5334 6756 FAX 5334 6800</b>
	<b>Email: bvpec@bvp.com.au</b>

**23954**