



Equine Veterinarians Australia

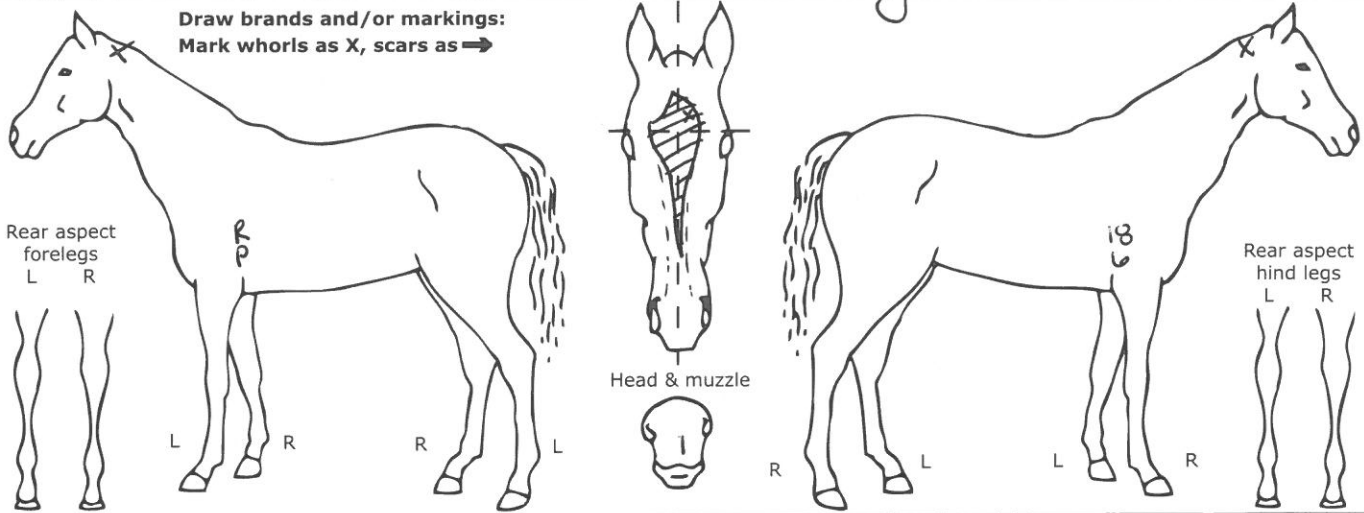
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: Grump's Wonder		Age/DOB: 2016
(If unnamed) Sire:		Dam:
Breed: TB	Colour: Bay	Microchip No: 985100012109703
Owner (if known):		Address (if known):
Person requesting examination: owner		Place of examination: Rangal Park



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date
Under Sedation <input type="checkbox"/>	Pregnant <input type="checkbox"/>	<input type="text"/>
Not Sedated <input checked="" type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>	
Other Physical Restraint <input type="checkbox"/>		

(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: 50 x 30 mm	Left: 20 mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 70 x 40 mm	Right: 32 mm	possible small CL

Uterus	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal - no oedema
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			

Vagina	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal cervix OS
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal cervix, no fluid no air
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			

Vulva	Y	N	Details
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			

Cervix	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			

Udder	Y	N	Details
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Normal
Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	small, maiden

Other comments

Date: 29. 06. 2021	Signed:
Name (please print): Chelsie Burden	Place stamp/write address here: 08344
Contact Number: 0484 296 362	9056 Goulburn Valley Hwy
AVA No:	Congupna VIC 3633
VPB No: 8198	