



Equine Veterinarians Australia

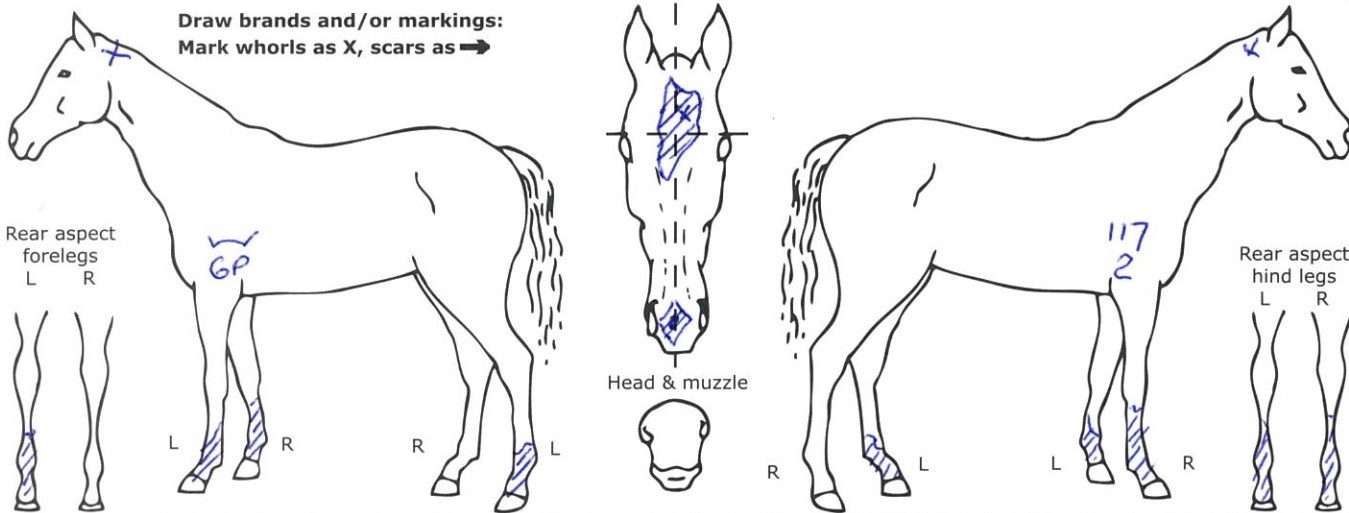
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: <u>SAGARONNE</u>		Age/DOB: <u>2012</u>
(If unnamed) Sire: _____		Dam: _____
Breed: <u>T/O</u>	Colour: <u>CH</u>	Microchip No: <u>9851 0001 2014 273</u>
Owner (if known): _____		Address (if known): _____
Person requesting examination: <u>Scott Tawin</u>		Place of examination: <u>ROTHWELL PARK</u>



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

(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: <u>40 x 40 x 40mm</u>	Left: <u>15mm</u>	<u>Recent CL</u>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>30 x 40 x 30mm</u>	Right: <u>20mm</u>	<u>NAD</u>
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"/>			
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			<u>NAD</u>		
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			<u>NAD</u>		
Vagina	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			<u>NAD</u>		
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			<u>NAD</u>		
Udder					
Visual Examination	<u>NAD</u>				
Manual Examination	<u>NAD</u>				

Other comments NAD = No Abnormality Detected

Date: <u>28.06.21</u>	Signed:
Name (please print): <u>CAMERON COLLINS</u>	Place stamp/write address here: 00900
Contact Number: <u>02 65451 333</u>	Scone Equine Hospital
AVA No: <u>6577</u>	106 Liverpool St
VPB No: <u>N5615</u>	Scone NSW 2337