



Equine Veterinarians Australia

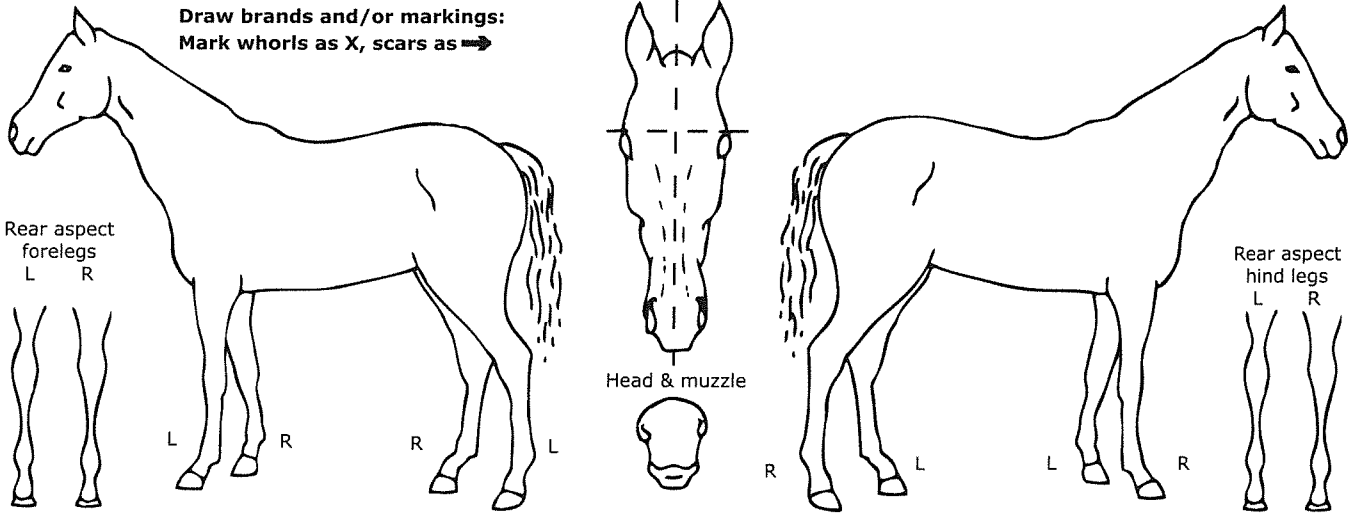
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: <i>RARE OCCURRENCE</i>		Lot <i>122</i>		Age/DOB:
(If unnamed) Sire:		Dam:		
Breed: <i>T/B</i>	Colour: <i>Ch.</i>	Microchip No: <i>9851 0001 2037 466</i>		
Owner (if known):		Address (if known):		
Person requesting examination: <i>D. Merrick.</i>		Place of examination: <i>RIVERSIDE WARWICK FARM.</i>		



This mare was examined (please tick)

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

<i>/</i>

(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: <i>30x30mm x 40mm</i>	Left: <i>10mm</i>	<i>Recent CC</i>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <i>30 x 35 x 35mm</i>	Right: <i>20mm</i>	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>NAD</i>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>NAD</i>		
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<i>NAD</i>		
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>NAD</i>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>NAD</i>		
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<i>NAD</i>		
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>NAD</i>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>NAD</i>		
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<i>NAD</i>		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder					
Visual Examination	<i>NAD.</i>				
Manual Examination					

Other comments

Date: <i>11.4.18</i>	Signed:
Name (please print): <i>Camelia & Greens</i>	Place stamp/write address here: 03832
Contact Number: <i>02 65451333</i>	Scone Equine Hospital
AVA No: <i>6517</i>	106 Liverpool St
VPB No: <i>NS615</i>	Scone NSW 2337