



Equine Veterinarians Australia

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

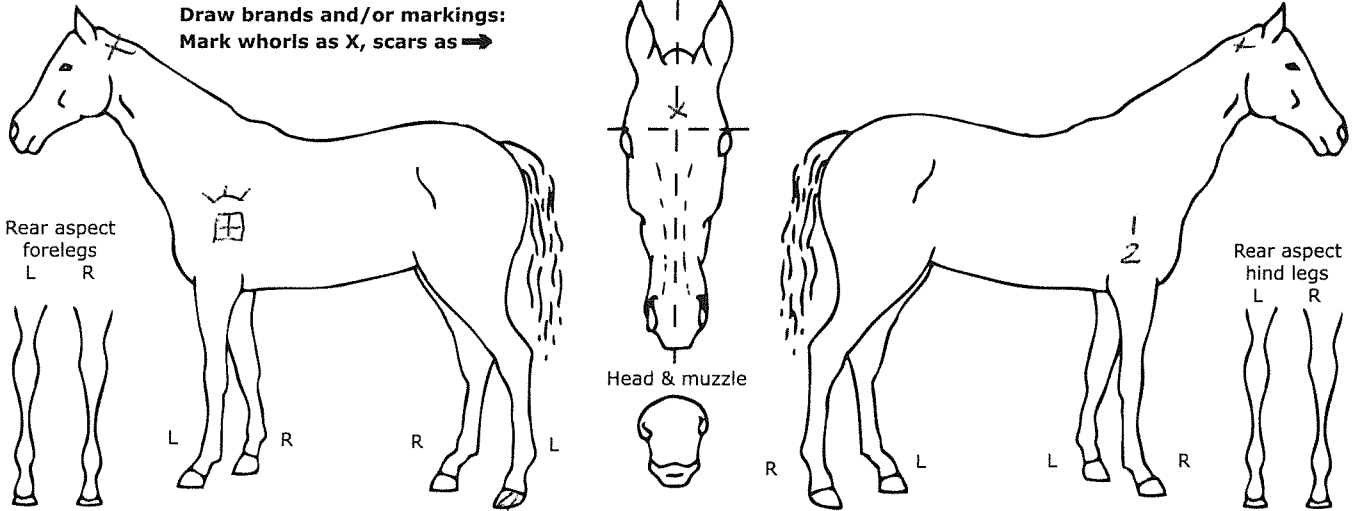


VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVacc® Vaccine or any other medication.

Animal presented as: <i>SALIX CARREA</i>		Lot <i>127</i>		Age/DOB: <i>2002</i>	
(If unnamed) Sire:			Dam:		
Breed: <i>T/B.</i>		Colour: <i>GREY</i>		Microchip No: <i>No M/C DETECTED</i>	
Owner (if known):			Address (if known):		
Person requesting examination: <i>L. ANDERSON.</i>			Place of examination: <i>RIVERSIDE WARWICK FARM.</i>		

Draw brands and/or markings:
Mark whorls as X, scars as ➡



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

<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>40x45x40 mm</i>	Left: <i>15mm</i>	<i>NAD</i>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <i>40x40x40 mm</i>	Right: <i>15mm + CL</i>	<i>NAD</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<i>OCCASIONAL UP TO 10mm</i>		
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 checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<i>NAD</i>		
Udder					
Visual Examination	<i>NAD</i>				
Manual Examination					

Other comments

Date: <i>11.4.18.</i>		Signed: <i>[Signature]</i>	
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Name (please print): <i>Cameron Collins</i>	Place stamp/write address here:
Contact Number: <i>02 65451833</i>	03831
AVA No: <i>6517</i>	Scone Equine Hospital
VPB No: <i>N5615.</i>	106 Liverpool St
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