



Equine Veterinarians Australia

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

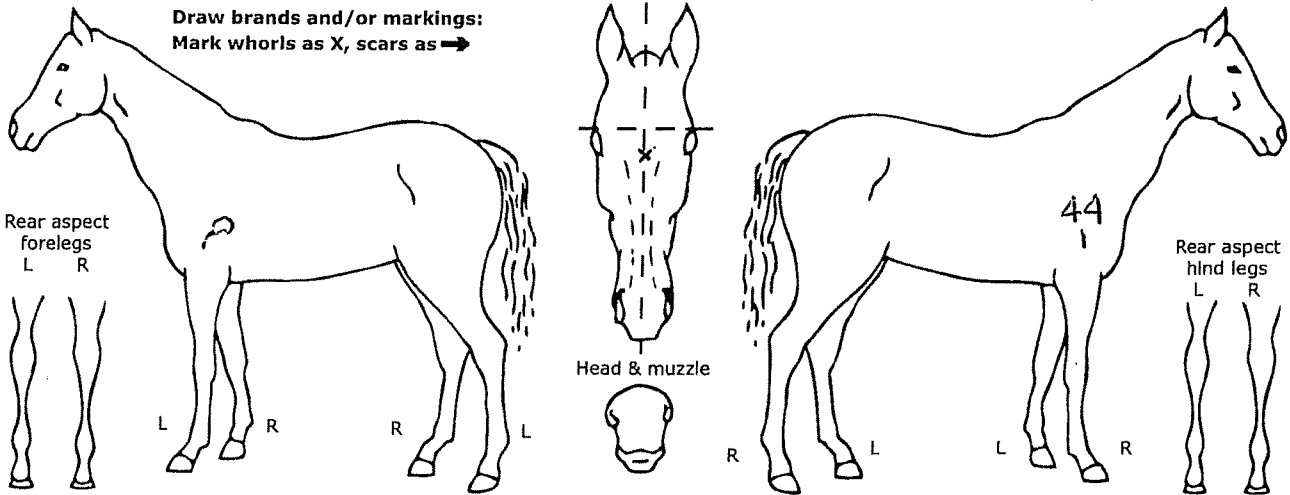
VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVax® Vaccine or any other medication.

139 CHB



Animal presented as: SNOW SECRET - LOT 139		Age/DOB: 24/9/2011
(If unnamed) Sire:		Dam:
Breed: TJB	Colour: BAY	Microchip No: 985125000062430
Owner (if known):		Address (if known):
Person requesting examination: W ALCHIN		Place of examination: CARRAMAR PARK



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

(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: 5.5cm x 4.0cm	Left: 2cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 6.0cm x 6.0cm	Right: CL + CH	
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			NO SIGNIFICANT ABNORMALITY		
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 checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			NO SIGNIFICANT ABNORMALITY		
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 checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			NO SIGNIFICANT ABNORMALITY		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Udder					
Visual Examination	<input checked="" type="checkbox"/>				
Manual Examination	<input checked="" type="checkbox"/>				

Other comments

Date: **6/4/2018**

Signed:

Name (please print): **IAN A DUCKWORTH**

Place stamp/write address here:

Contact Number: **0245 885200**

AVA No: **796** VPB No: **3391**

Dr. Ian Duckworth BVSc
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