



Equine Veterinarians Australia

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

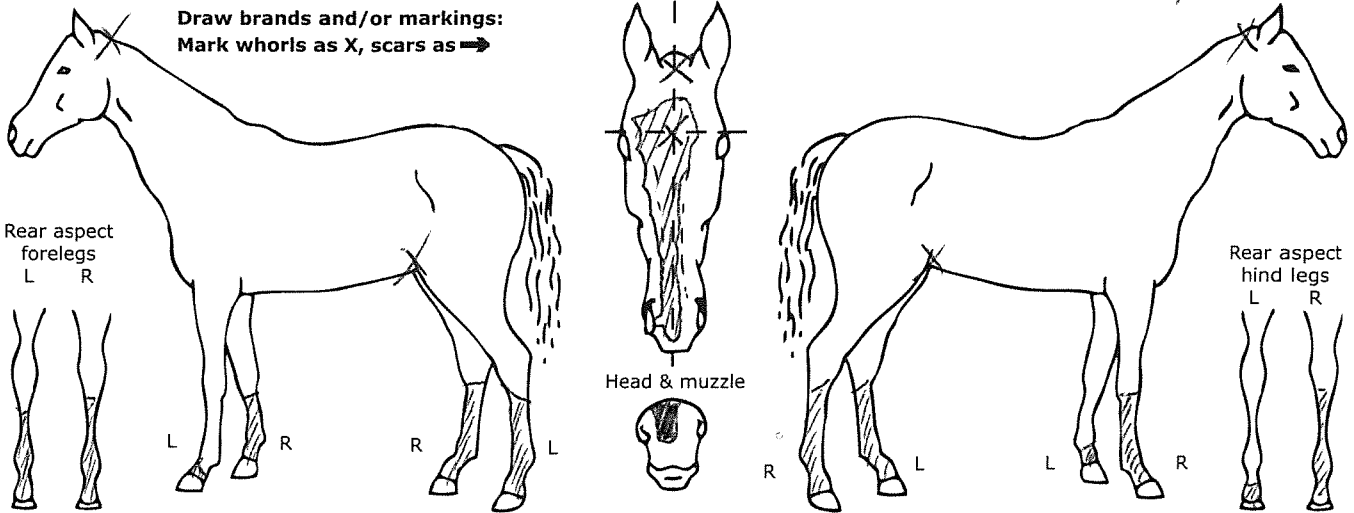
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VETERINARY REPORT ON BROODMARE FOR SALE

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: TRAVESURA		Age/DOB: 7 years
(If unnamed) Sire:		Dam:
Breed: TB	Colour: CHESTNUT	Microchip No: 985100012041904
Owner (if known):		Address (if known):
Person requesting examination: S. IRWIN		Place of examination: ROTHWELL PARK, NSW.



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: 7.3 x 5.7 cm	Left: 25mm	CL present.
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 4.7 x 3.7 cm	Right: 10mm	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD.		
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
U/S Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD.		
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
U/S Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD.		
Comments					
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments					
Udder	Details				
Visual Examination	NAD.				
Manual Examination	NAD.				

Other comments

Date: 6-4-2018	Signed:
Name (please print): AARON HODDER	Place stamp/write address here: Score Equine Hospital 09203
Contact Number: (02) 6545 1333	106 Liverpool St
AVA No: 15128	Score NSW 2337
VPB No: 8641	