



# Equine Veterinarians Australia

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

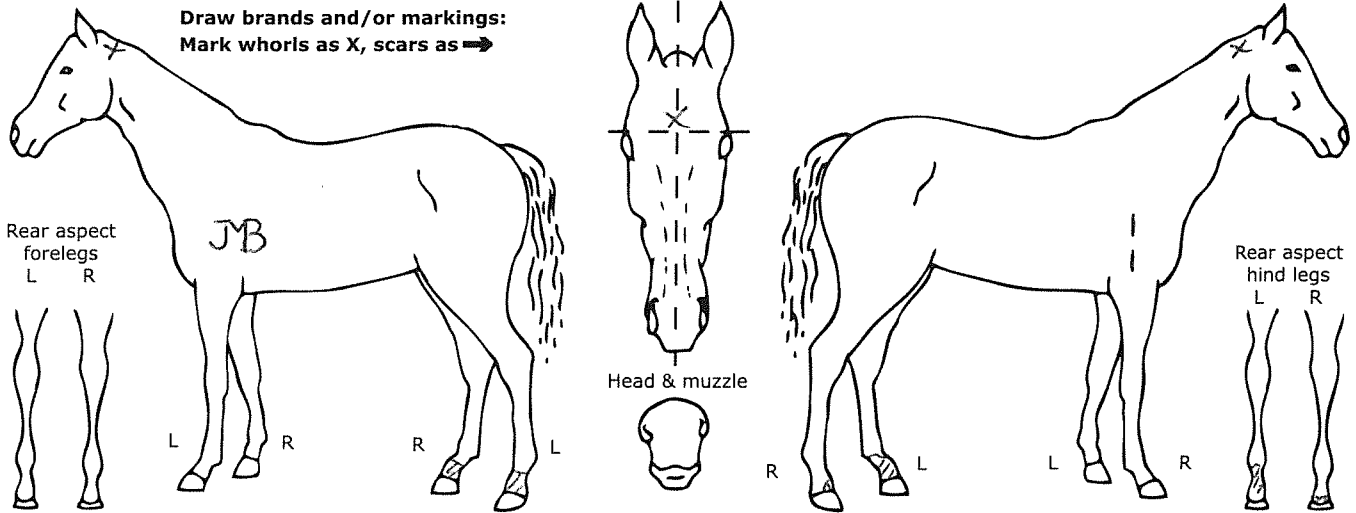


## VETERINARY REPORT ON BROODMARE FOR SALE

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>SELITA</i>	<i>Lot 202</i>	Age/DOB:
(If unnamed) Sire:	Dam:	
Breed: <i>TB</i>	Colour: <i>B</i>	Microchip No: <i>9851 0001 2016 010</i>
Owner (if known):	Address (if known):	
Person requesting examination: <i>D. MERRICK</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 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: <i>40x45x45mm</i>	Left: <i>30mm</i>	<i>NAD</i>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <i>30x30x30mm</i>	Right: <i>15mm</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 type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>2mm Associated with Oedema</i>		
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"/>	<i>NAD</i>		
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder					
Visual Examination	<i>NAD</i>				
Manual Examination					

Other comments

*NAD = No Abnormality Detected*

Date: *11.4.18* Signed: *[Signature]*

Name (please print): *Cameron Collins* Place stamp/write address here: *03830*

Contact Number: *02 6545 1333*

AVA No: *6517* VPB No: *N5615*

Scone Equine Hospital  
106 Liverpool St  
Scone NSW 2337