



Equine Veterinarians Australia

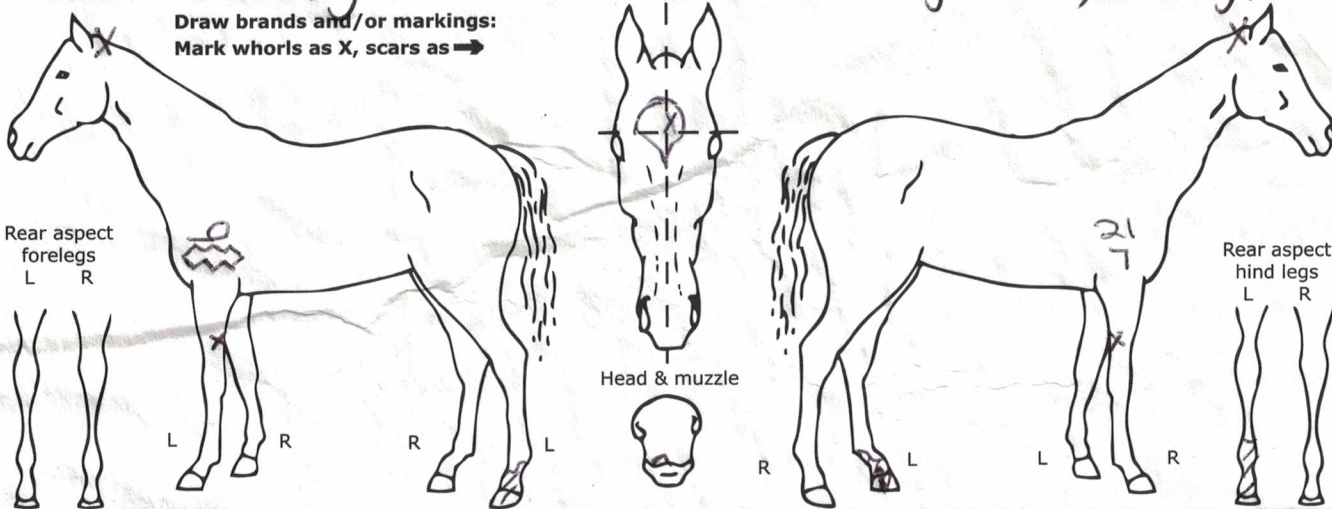
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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>my conclusion</i>		Age/DOB: <i>10</i>
(If unnamed) Sire:		Dam:
Breed: <i>TB</i>	Colour: <i>Bay</i>	Microchip No: <i>985100010922008</i>
Owner (if known): <i>Erinvale Thoroughbreds</i>	Address (if known): <i>1970 Princes Highway, Buckley, Victoria</i>	
Person requesting examination: <i>John Kemeally</i>	Place of examination: <i>Erinvale Thoroughbreds, Buckley, Victoria</i>	



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input type="checkbox"/>	Pregnant	<input checked="" type="checkbox"/>	<i>10/10/17</i>
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input type="checkbox"/>	
Other Physical Restraint	<input checked="" type="checkbox"/> <i>crush</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:	Left:	
U/S Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Right:	Right:	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	<i>Pregnant</i>		
Uterine Cysts	<input type="checkbox"/>	<input type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
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 type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder	Details				
Visual Examination	<i>Normal</i>				
Manual Examination					

Other comments

Date: <i>5/4/18</i>	Signed: <i>[Signature]</i>
Name (please print): <i>Kylie Splatt</i>	Place stamp/write address here: <i>10636</i>
Contact Number: <i>0412 509 609</i>	Barwon Equine Hospital 8-12 Cooney St, Moolap 3221 Ph: 03 52488899/F: 03 5248018 ABN: 65078993790
AVA No: <i>1744</i>	VPB No: <i>3261</i>