



# Equine Veterinarians Australia

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

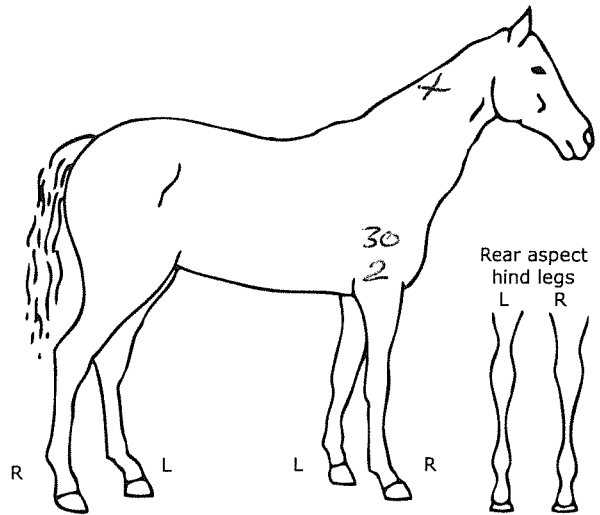
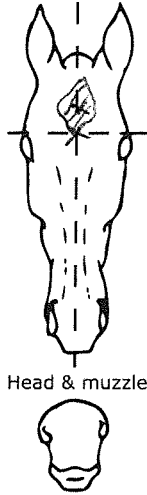
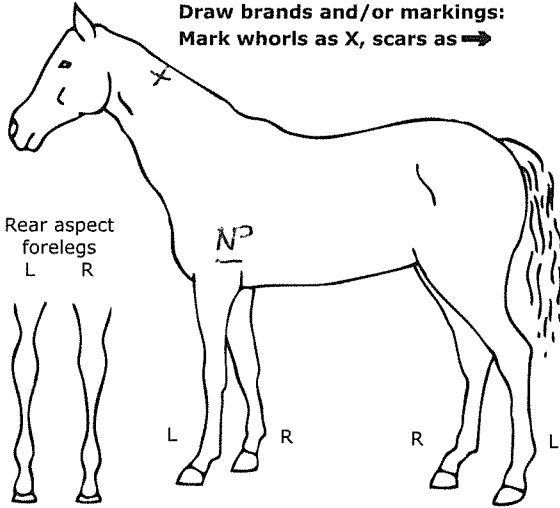


## VETERINARY REPORT ON BROODMARE FOR SALE

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>JALAN JALAN</i>		Lot 3.		Age/DOB:
(If unnamed) Sire:		Dam:		
Breed: <i>F/B</i>	Colour: <i>B.</i>	Microchip No: <i>9851 0001 2017 537</i>		
Owner (if known):		Address (if known):		
Person requesting examination: <i>D. BURKE</i>		Place of examination: <i>RIVERSIDE WEAVER 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

<i>/</i>
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(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>40 x 40 x 50 mm</i>	Left: <i>10mm</i>	<i>Recent Ovulation ✓</i>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <i>30 x 30 x 30 mm</i>	Right: <i>10mm</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 Ovulation</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"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder	Details				
Visual Examination	<i>NAD</i>				
Manual Examination					

Other comments

*NAD = No Abnormality Detected.*

Date: <i>11.4.18</i>	Signed:
Name (please print): <i>Cameron Collins</i>	Place stamp/write address here: <b>03833</b>
Contact Number: <i>02 65451333</i>	<b>Scone Equine Hospital</b>
AVA No: <i>6517</i>	<b>106 Liverpool St</b>
VPB No: <i>N5615.</i>	<b>Scone NSW 2337</b>