



Equine Veterinarians Australia

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

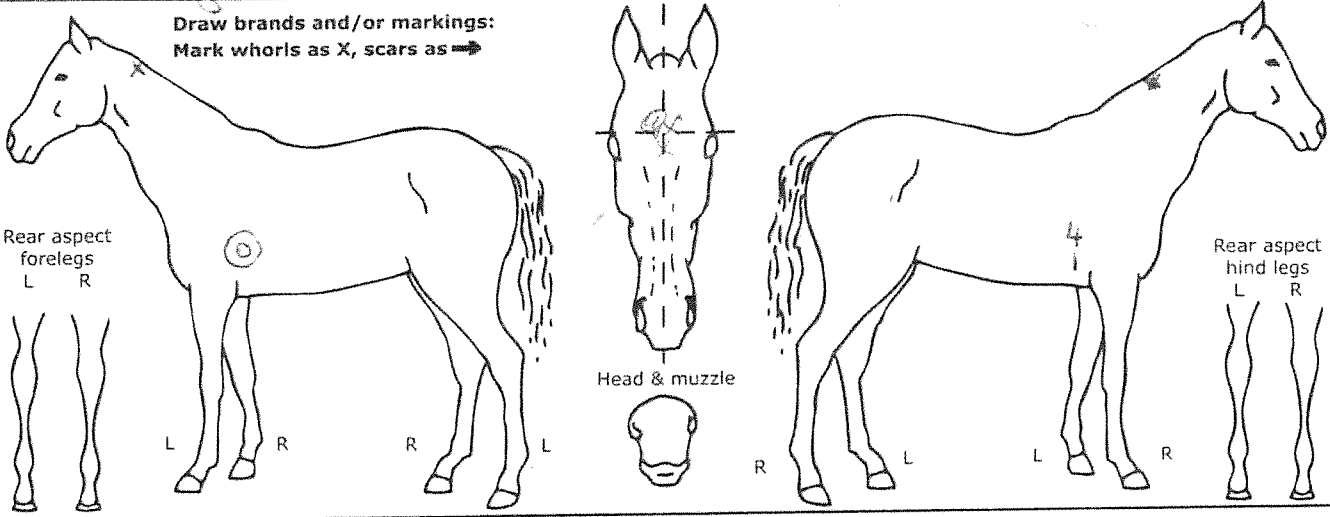
VETERINARY REPORT ON BROODMARE FOR SALE

lot 7
CIB



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.

Animal presented as: <u>Sevefoux</u>		Age/DOB:
(If unnamed) Sire:		Dam:
Breed:	Colour: <u>Bay Br</u>	Microchip No:
Owner (if known):		Address (if known):
Person requesting examination: <u>S. Wright</u>		Place of examination: <u>Warriaman, Sore</u>



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date
Under Sedation <input checked="" type="checkbox"/>	Pregnant <input type="checkbox"/>	<u>Maiden</u>
Not Sedated <input type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>	
Other Physical Restraint <input type="checkbox"/>		

(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			Left: <u>4.9cm</u>	Left: <u><10mm CL</u>	
U/S Examination			Right: <u>5.2cm</u>	Right: <u>28mm</u>	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>			Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>			U/S Examination	<input checked="" type="checkbox"/>		
Uterine Cysts		<input checked="" type="checkbox"/>		Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Uterine Fluid		<input checked="" type="checkbox"/>		Comments			<u>NAD</u>
Comments			<u>Nothing abnormal detected (NAD)</u>				

Cervix	Y	N	Details	Vulva	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>			Caslicked	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>			Comments			<u>NAD</u>
Visual Examination per Speculum	<input checked="" type="checkbox"/>						
Comments			<u>NAD</u>				

Udder	Y	N	Details
Visual Examination			<u>NAD</u>
Manual Examination			<u>NAD</u>

Other comments

Date: <u>04.4.18</u>	Signed:
Name (please print): <u>B. ROBERTS</u>	Place stamp/write address here: <u>Bridget Roberts Veterinary Services 11634</u>
Contact Number: <u>0158204086</u>	<u>Bridget Roberts B.V.M.S., CertEM(StudMed)</u>
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