



Equine Veterinarians Australia

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



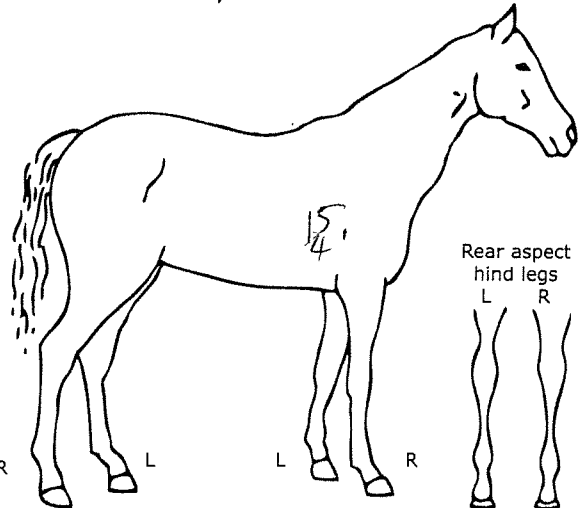
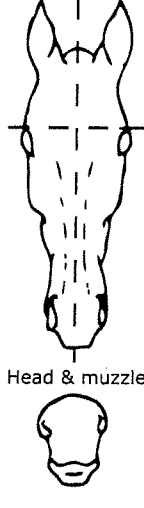
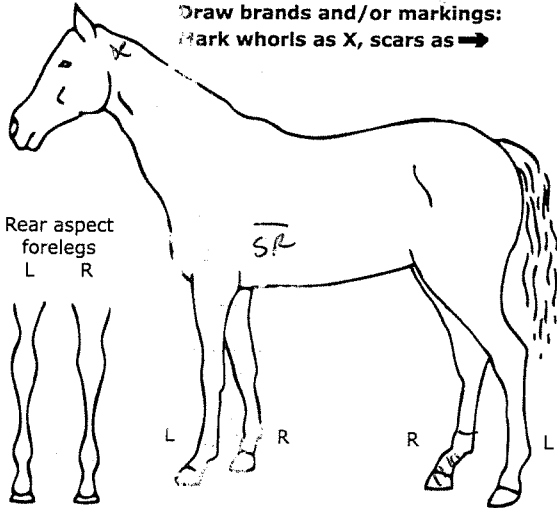
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VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiV[®] Vaccine or any other medication.

Animal presented as: <u>El Lassy</u>		Age/DOB:
(If unnamed) Sire:		Dam:
Breed:	Colour: <u>Ch</u>	Microchip No:
Owner (if known):		Address (if known):
Person requesting examination: <u>S. WRIGHT, Yarraman</u>		Place of examination: <u>Yarraman, Sore</u>

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

March

(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: <u>6.4cm</u>	Left: <u>24</u>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>5.5cm</u>	Right: <u>32 +CL</u>	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<u>Nothing abnormal detected</u>				
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 checked="" type="checkbox"/>			
Comments	<u>NAD</u>				
Vagina	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 checked="" type="checkbox"/>			
Comments					
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<u>NAD</u>				
Udder	Y	N	Details		
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NAD</u>		
Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NAD</u>		

Other comments

Bridget Roberts Veterinary Service
Bridget Roberts B.V.M.S., CertEM(StudMed)

Date: 10/4/18

Name (please print): B. ROBERTS

Contact Number: 0458204086

AVA No: 1811 VPB No:

Signed:

Place stamp/write address here: PO Box 135, Sore, 2337

Tel: 07 458 204 086

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