



# Equine Veterinarians Australia

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



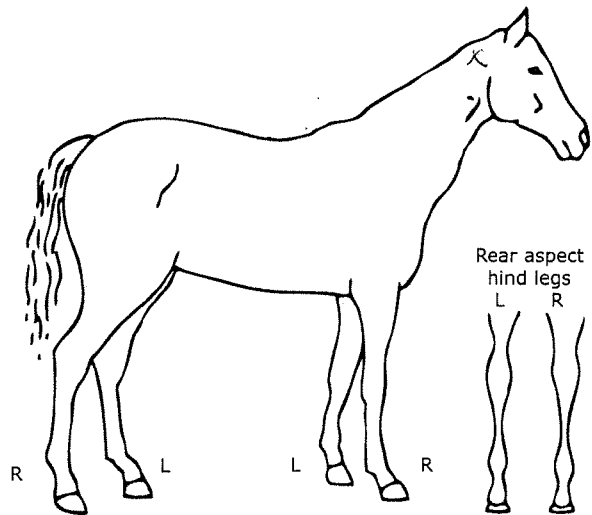
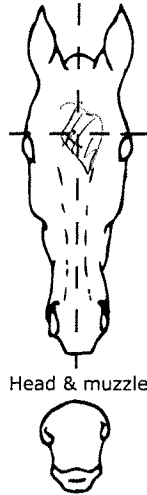
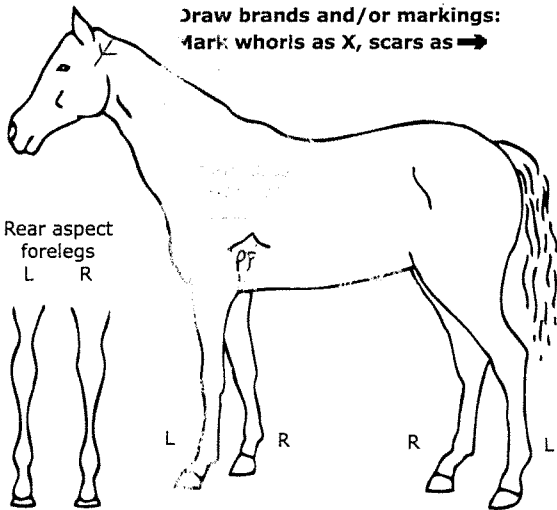
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## VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVax® Vaccine or any other medication.

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

Maid

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Local 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>20mm</u>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right:	Right: <u>33mm + CL</u>			
Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<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"/>		Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	<u>NAD</u>
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<u>Nothing abnormal detected</u>	Valva	Y	N	Details
	<input type="checkbox"/>	<input type="checkbox"/>	<u>(NAD)</u>	Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	<u>NAD</u>
Cervix	Y	N	Details	Udder	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visual Examination	<input type="checkbox"/>	<input type="checkbox"/>	<u>NAD</u>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>	<u>NAD</u>
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<u>NAD</u>				

Other comments

Date: <u>10/4/18</u>	Signed: <u>Bridget Roberts Veterinary Services</u>
Name (please print): <u>B. Roberts</u>	Place stamp/signature: <u>Bridget Roberts V.M.S., CertEM (Stud M) 086</u>
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VPB No:	Email: <u>bridget901@hotmail.com</u>