



Equine Veterinarians Australia

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

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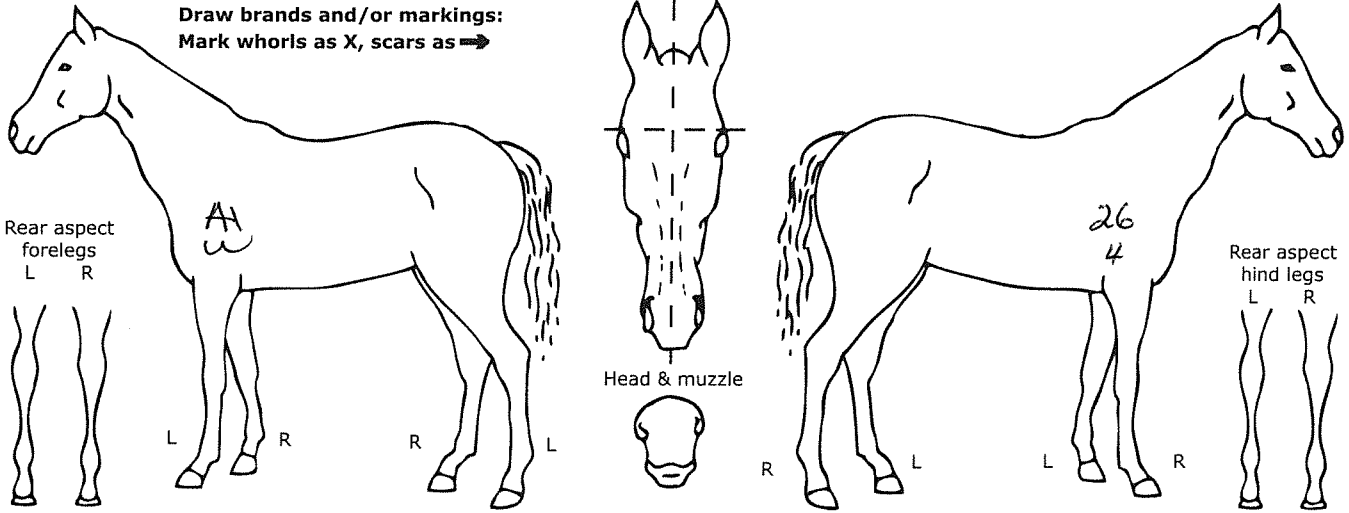


VETERINARY REPORT ON BROODMARE FOR SALE

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: MAXIMA		Age/DOB:
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No:
Owner (if known): CORUMBENE	Address (if known):	
Person requesting examination:	Place of examination:	

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

MORGEN MORO

(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: 1.2	Left:	LO 1.5cm
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 2cm	Right:	RO NO FOLLS
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	normal findings		
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			NORMAL FINDINGS		
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal findings		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-		
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal findings		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"		
Comments					
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Udder			Details		
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-		
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-		

Other comments

Date: **29/3/18**

Name (please print): **IAN BINKS**

Contact Number: **63722106**

AVA No: **42487**

Signed:

Place stamp/write address here: **09549**
WASSER CRT HOSPITAL