



Equine Veterinarians Australia

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

VETERINARY REPORT ON BROODMARE FOR SALE

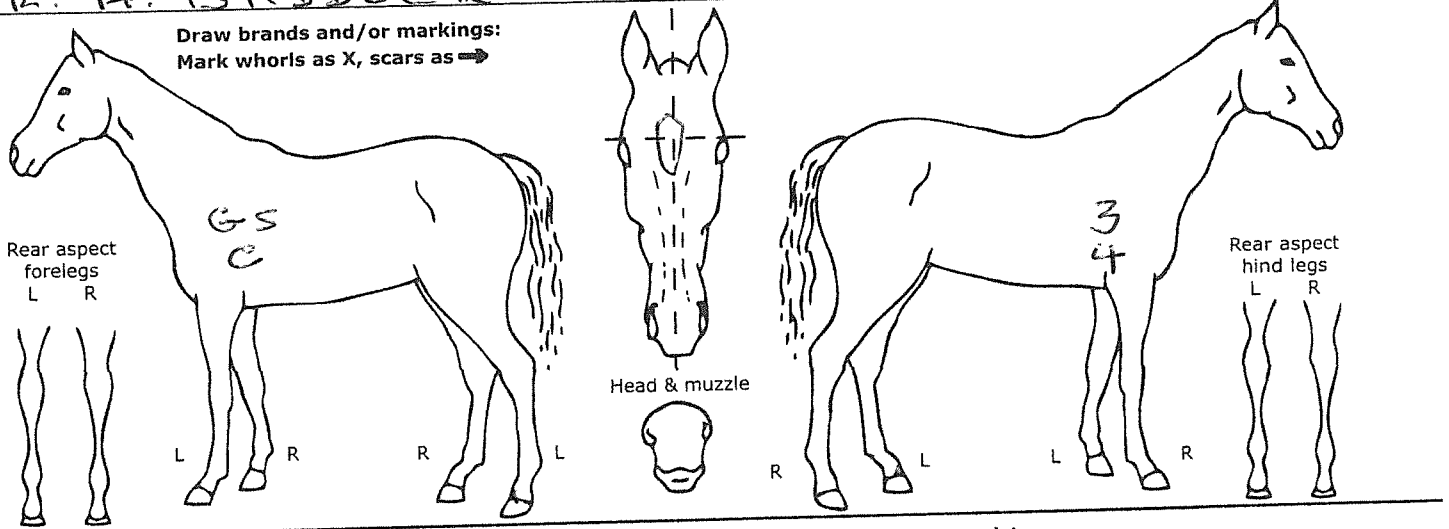
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This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine or any other medication.

Animal presented as: OSCAR AWARD		Age/DOB: 2014
(If unnamed) Sire:		Dam:
Breed: T/B	Colour: BR	Microchip No: 98C100012052769
Owner (if known): GOOREE PARK STUD		Address (if known): MUDGE-EE NSW
Person requesting examination: MR. A. BADDOCK		Place of examination: GOOREE

Draw brands and/or markings:
Mark whorls as X, scars as →



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"/>	<input type="text"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 4.5cm	Left: 1cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 3.0cm	Right: 1cm	
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					
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Vagina		Y	N	Details	
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Comments			<input type="checkbox"/>		
Vulva		Y	N	Details	
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Comments			<input type="checkbox"/>		
Udder					
Visual Examination	NORMAL				
Manual Examination	NORMAL				

Other comments

Date: 9-4-18	Signed:
Name (please print): D. PARRY-O'KEEFE	Place stamp/write address here:
Contact Number: 0428100671	CHURCH ST. VET HOSPITAL
AVA No: 7824	138 CHURCH ST
VPB No: 1356	MUDGE-EE NSW 2850