



Equine Veterinarians Australia

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



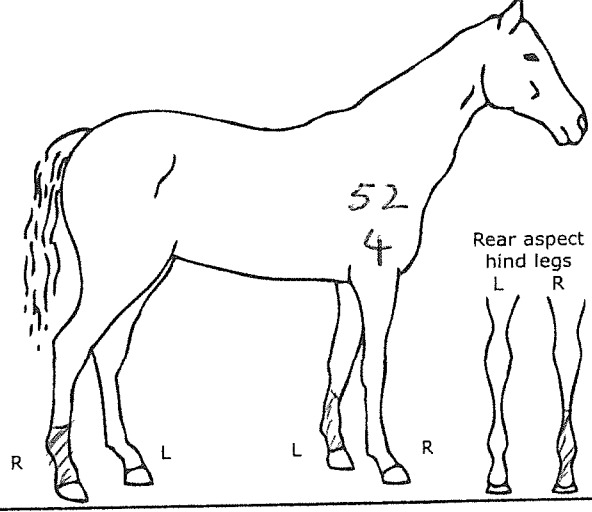
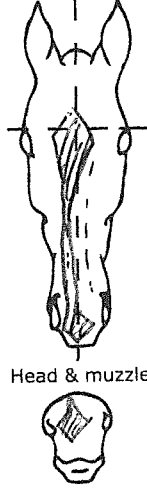
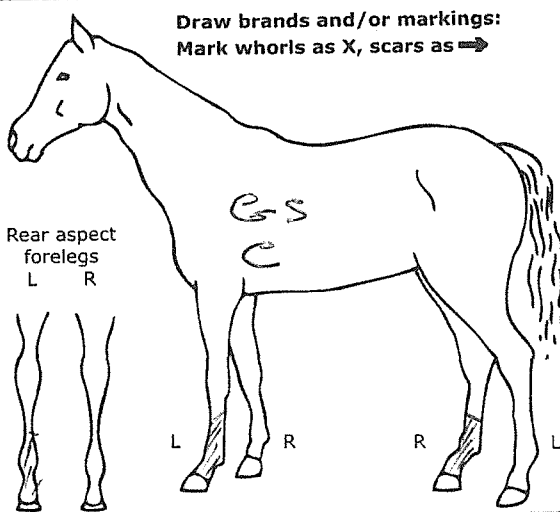
176

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 Equity® Vaccine or any other medication.

Animal presented as: SPARKLE AND SHINE		Age/DOB: 2014
(If unnamed) Sire:		Dam:
Breed: TIB	Colour:	Microchip No: 985100012052772
Owner (if known): GOORIE PARK STUD		Address (if known): MUDGEEO NSW
Person requesting examination: MR. A. BADDOCK		Place of examination: GOORIE

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"/>	
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: 4.5 cm	Left: 0.5 cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 3.2 cm	Right: 1 cm	
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"/>			
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					
Udder	Details				
Visual Examination	NORMAL				
Manual Examination	NORMAL				

Other comments

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