



Equine Veterinarians Australia

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

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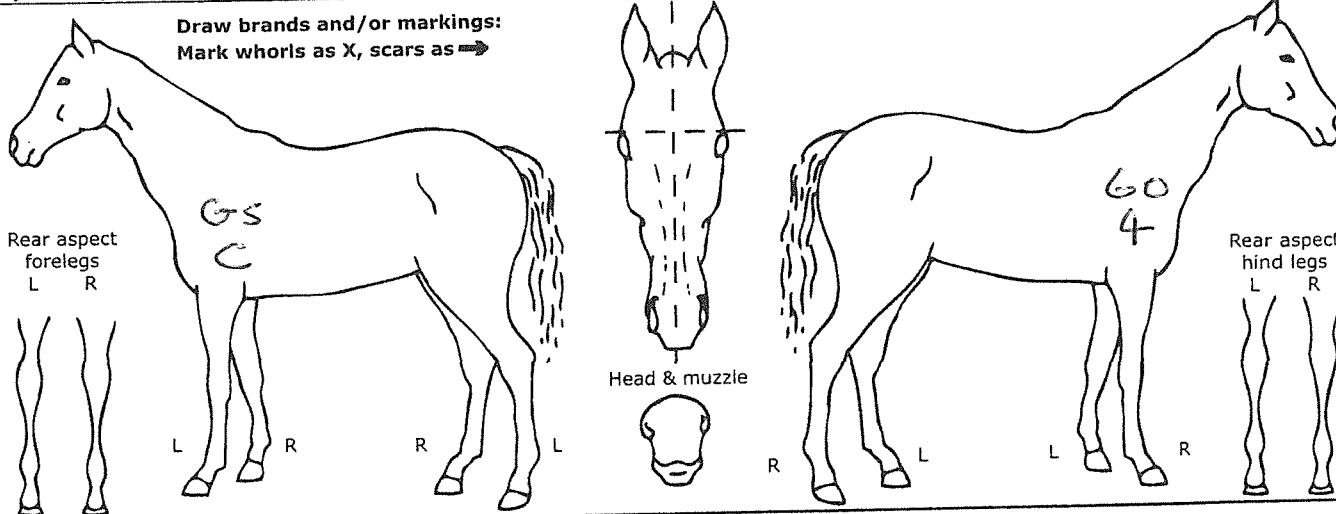


VETERINARY REPORT ON BROODMARE FOR SALE

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 Equity® Vaccine or any other medication.

| | | |
|---|---|--------------------------------------|
| Animal presented as: WORLDLY PLEASURE | | Age/DOB: 2014 |
| (If unnamed) Sire: | | Dam: |
| Breed: T/B | Colour: B | Microchip No: 985100012052768 |
| Owner (if known): GOOREE PARK STUD | Address (if known): MUDGEEO NSW | |
| Person requesting examination: MR. A. BADDECK | Place of examination: GOOREE | |

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



This mare was examined (please tick)

| | |
|--------------------------|-------------------------------------|
| Under Sedation | <input type="checkbox"/> |
| Not Sedated | <input checked="" 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

(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: 35 mm | Left: 10 mm | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Right: 45 mm | Right: 10 mm | |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Vulva | Y | N | Details | | |
| Caslicked | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Comments | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Udder | | | | | |
| Visual Examination | NORMAL | | | | |
| Manual Examination | NORMAL | | | | |

Other comments

Date: **9-4-18**

Name (please print): **D. PARRY-OKEDEN**

Contact Number: **0428100671**

AVA No: **7824** VPB No: **1356**

Signed: _____

Place stamp/write address here: **N 1356
CHURCH ST. VET HOSPITAL
138 CHURCH ST
MUDGEEO NSW 2850**