



# Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 006 522 852

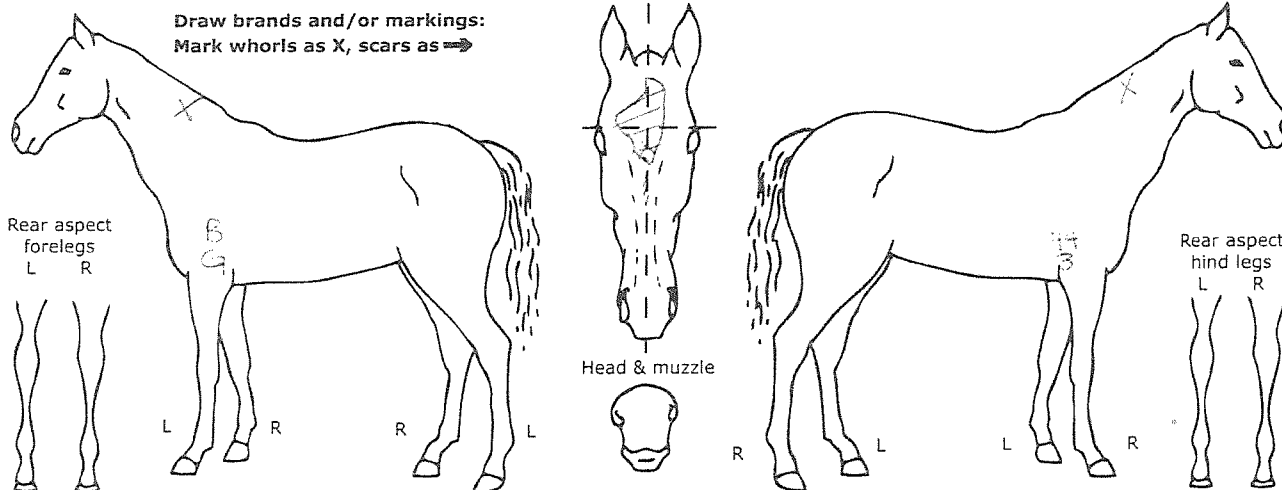


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## VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiV<sup>®</sup> Vaccine or any other medication.

Animal presented as: <u>Castagne</u>		Age/DOB: <u>2013</u>
(If unnamed) Sire:		Dam:
Breed: <u>TB</u>	Colour: <u>Bay</u>	Microchip No: <u>985100012036426</u>
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: <u>Blue Gum Farm</u>



<b>This mare was examined (please tick)</b>		<b>The mare was (please tick)</b>		<b>Reported last serve date</b>	<b>Vaccination</b>	<b>Y/N</b>	<b>Date</b>
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<u>Not Served</u>	Hendra (HeV)		
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus		
Other Physical Restraint	<input type="checkbox"/>				Strangles		
					EHV-1,4		

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<u>30mm</u>	<u>20mm</u>	<u>Anesthus</u>
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<u>25mm</u>	<u>10mm</u>	<u>Anesthus</u>

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	<b>Y</b>	<b>N</b>	<b>NE</b>
Uterine Cysts?		<input checked="" type="checkbox"/>	
Uterine Fluid?		<input checked="" type="checkbox"/>	
Comments:			

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination			
Comments:			

Other comments .....

Date: <u>12/9/18</u>	Signed:
Name (please print): <u>Chelsie Burden</u>	Place stamp/write address here:
Contact Number: <u>0494 296 362</u>	<b>GOULBURN VALLEY EQUINE HOSPITAL 21001</b>
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