



Equine Veterinarians Australia

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

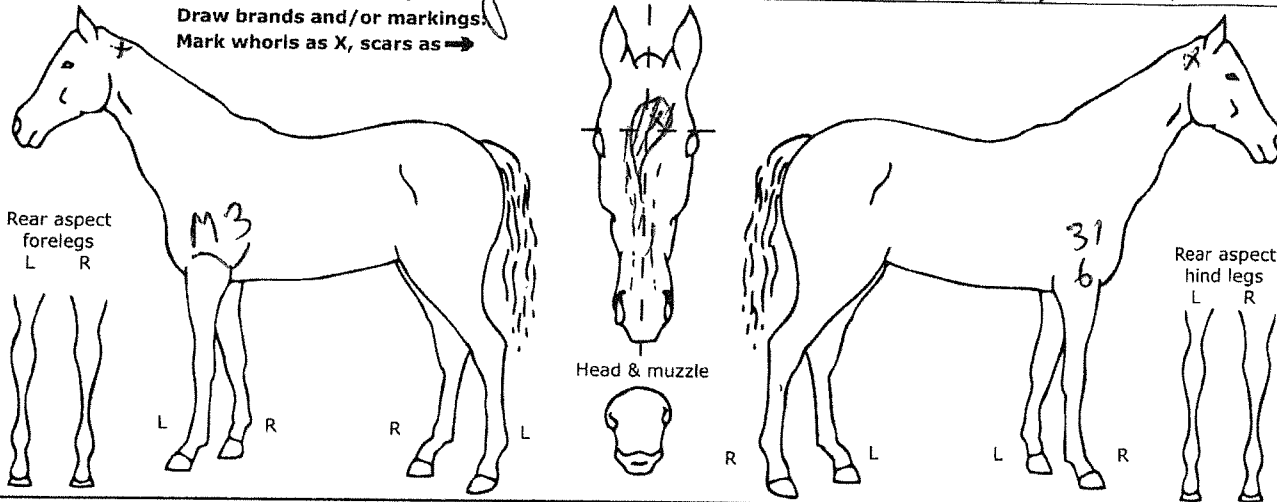


VETERINARY REPORT ON BROODMARE FOR SALE

lot 230

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@ Vaccine or any other medication.

Animal presented as: 60 pana		Age/DOB: 2006
(If unnamed) Sire: _____		Dam: _____
Breed: Thoroughbred	Colour: bay	Microchip No: 985100010890591
Owner (if known): Kia Ora	Address (if known): _____	
Person requesting examination: Alex Kingston	Place of examination: Kia Ora Stud	



This mare was examined (please tick)

The mare was (please tick)

Reported last serve date

Under Sedation	<input type="checkbox"/>
Not Sedated	<input checked="" type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>

Pregnant	<input type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

21/10/17

(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: 70 mm x 70 mm	Left: 25 mm			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 60 mm x 50 mm	Right: 28 mm			
Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<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"/>	1 cyst (20mm)	Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Vulva	Y	N	Details
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Udder			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination	normal appearance		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Manual Examination	no abnormality		

Other comments

Date: **9/4/18**

Name (please print): **David O'Meara**

Contact Number: **6545 1333**

AVA No: **6233** VPB No: **5561**

Signed: **David O'Meara**

Place stamp/write address here:

**Scone Equine Hospital 11418
106 Liverpool St
Scone NSW 2337**