



# Equine Veterinarians Australia

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

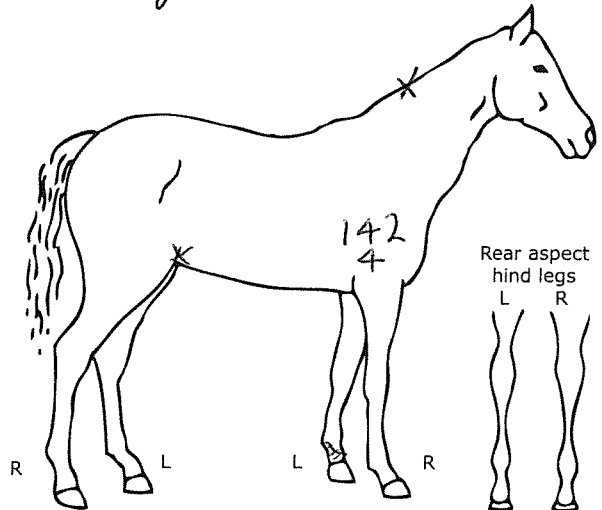
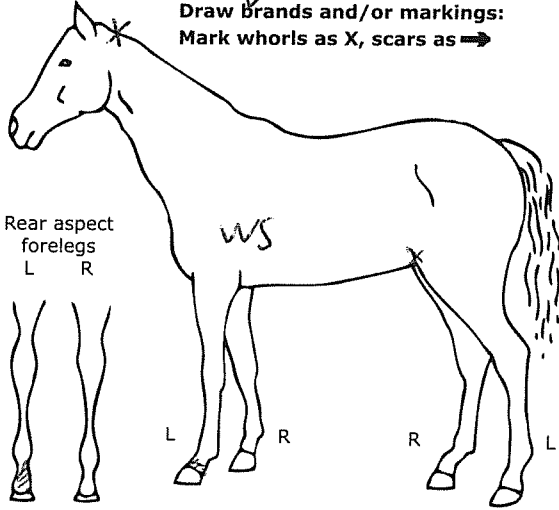


## VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVax® Vaccine or any other medication.

Animal presented as: <b>Greyt Judge (NZ)</b>		Age/DOB: <b>2014</b>
(If unnamed) Sire: <b>O Reilly</b>	Dam: <b>Pinot Gris</b>	
Breed: <b>TB</b>	Colour: <b>Grey</b>	Microchip No: <b>985125000071635</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>Fernigg Farm</b>		Place of examination: <b>Inglis Sales Complex</b>

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



This mare was examined (please tick)

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input 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: <b>6.0 x 6.2 cm</b>	Left: <b>5.0 cm</b>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>6.0 x 5.8 cm</b>	Right: <b>4.8 cm</b>	
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			<b>NAD</b>		
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			<b>NAD</b>		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			<b>NAD</b>		
Udder	Details				
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			<b>NAD</b>		

Other comments

Date: <b>14/4/18</b>	Signed: <b>Pdraig Kelly</b>
Name (please print): <b>PADRAIG KELLY</b>	Place stamp/write address here: <b>1892 Benman Road 08454</b>
Contact Number: <b>0421676571</b>	<b>Marwellbrook</b>
AVA No:	NSW <b>2333</b>
VPB No: <b>N8631</b>	