



Equine Veterinarians Australia

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

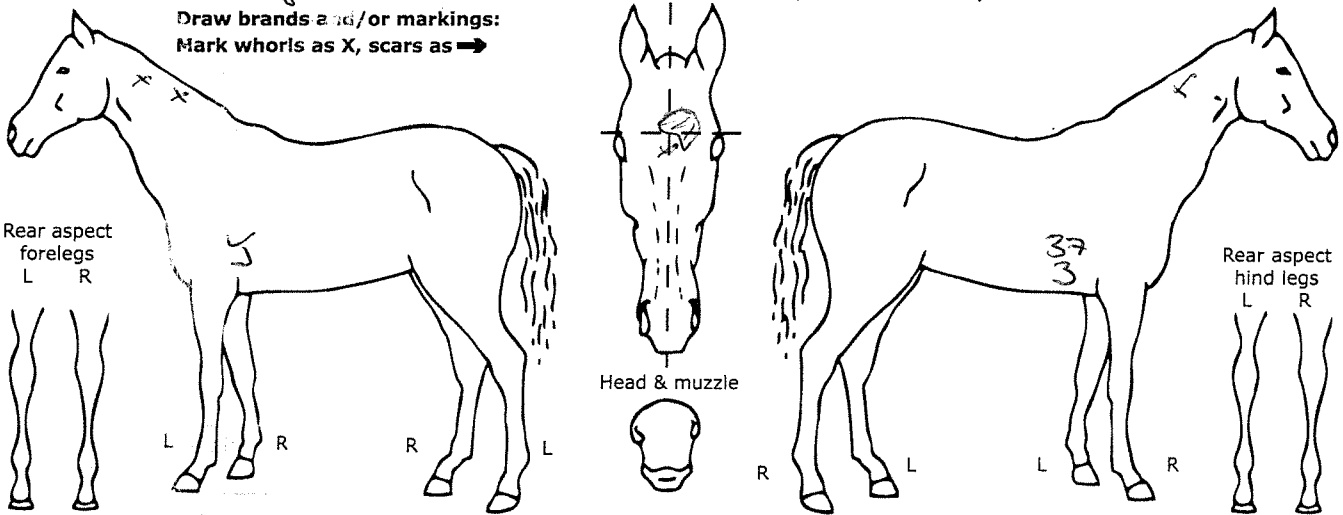


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VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVax® Vaccine or any other medication.

Animal presented as: <u>Isiraaha</u>		Age/DOB:
(If unnamed) Sire:		Dam:
Breed:	Colour: <u>Bay, B</u>	Microchip No:
Owner (if known):		Address (if known):
Person requesting examination: <u>S. Wright</u>		Place of examination: <u>Yarwarran, Sore</u>



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	<u>Unknown</u>
Not Sedated	<input checked="" 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: <u>4.2cm</u>	Left: <u>22mm</u>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>6.5cm</u>	Right: <u>45mm</u>	
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	<u>Nothing abnormal detected</u>				
Cervix	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 type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<u>NAD</u>				
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 type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<u>NAD</u>				
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<u>NAD</u>				
Udder	Details				
Visual Examination	<u>NAD</u>				
Manual Examination	<u>NAD</u>				

Other comments

Date: <u>10/4/16</u>	Signed: <u>Bridget Roberts Veterinary Services</u>
Name (please print): <u>B. ROBERTS</u>	Place stamp/write address here: <u>11036</u>
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