



# Equine Veterinarians Australia

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

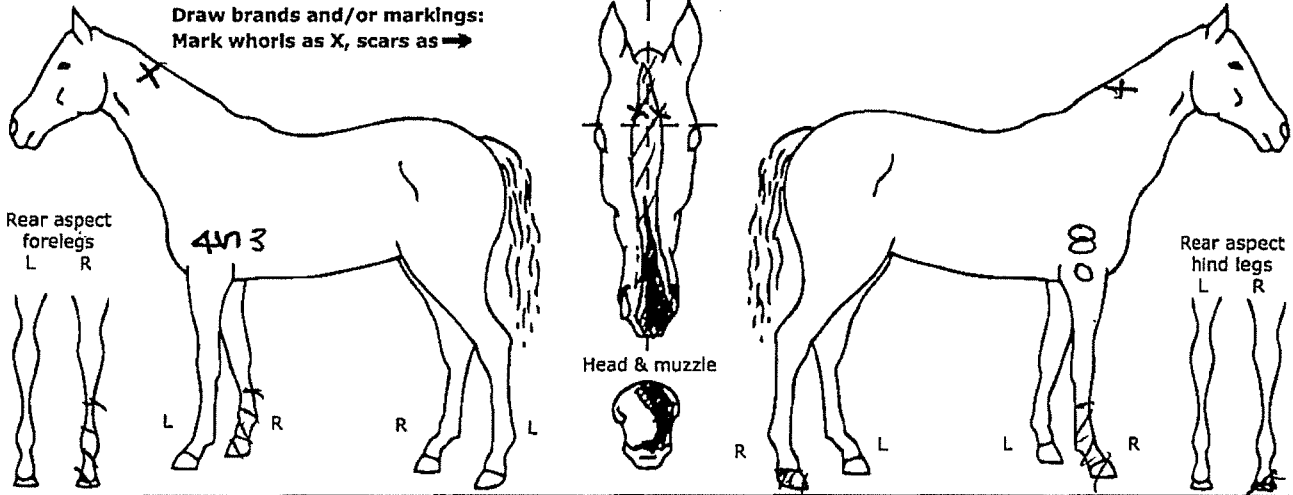
## VETERINARY REPORT ON BROODMARE FOR SALE



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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 EquiVacc® Vaccine or any other medication.

Animal presented as: <b>MOTHER GRACE</b>		Age/DOB: <b>2010</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>CHESTNUT</b>	Microchip No: <b>985100010975949</b>
Owner (if known): <b>J. CAVANAUGH, R. MACAFFEE</b>		Address (if known):
Person requesting examination: <b>AMARINA FARM</b>		Place of examination: <b>AMARINA FARM</b>



<b>This mare was examined (please tick)</b>	<b>The mare was (please tick)</b>	<b>Reported last serve date</b>
Under Sedation <input type="checkbox"/>	Pregnant <input type="checkbox"/>	
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: <b>42 x 64 mm</b>	Left: <b>20 mm</b>	<b>CL PRESENT</b>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>47 x 60 mm</b>	Right: <b>34 mm</b>	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Summit base Lt</b>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>NAD</b>		
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Udder					
Visual Examination	<b>NAD</b>				
Manual Examination	<b>NAD</b>				

**Other comments**  
**NAD - No abnormality detected**

Date: <b>11.4.10</b>	Signed:
Name (please print): <b>S. J. N. J. SENT</b>	Place stamp/write address here: <b>Scone Equine Hospital 12062</b>
Contact Number: <b>0265472222</b>	<b>106 Liverpool St</b>
AVA No:	<b>Scone NSW 2337</b>
VPB No: <b>N6354</b>	