



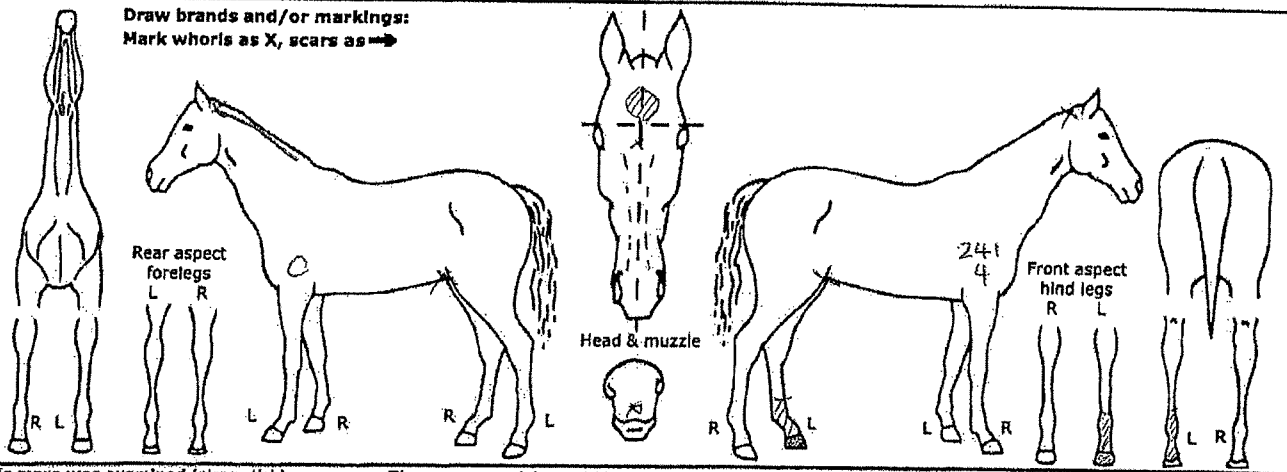
Equine Veterinarians Australia

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

VETERINARY REPORT ON BROODMARE FOR SALE



Animal presented as: <i>POUTE</i>		Age/DOB: <i>12.2.05</i>
(If unnamed) Sire:		Dam:
Breed: <i>TB</i>	Colour: <i>CHESTNUT</i>	Microchip No: <i>985100010936238</i>
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: <i>COOMBERG, NSW</i>



This mare was examined (please tick)		The mare was (please tick)	
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	Largest Follicles Diameter	Comments
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: <i>6.5cm</i>	<i>CL 2.0</i>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <i>6.0cm</i>	<i>1.5cm</i>	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>collection small cysts (1cm's) left horn. 0.5cm cyst base of left horn. 0.8+0.3 cyst body</i>	U/S examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

Cervix	Y	N	Details	Vulva	Y	N	Details
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

Udder	Y	N	Details
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Other relevant clinical abnormalities:

Note: This examination is limited to an assessment of the above specified matters 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 EquiVet Vaccine or any other medication.

Date: <i>11.4.18</i>	Signed: <i>[Signature]</i>
Name (please print): <i>M. MAIDMENT</i>	Place stamp/write address here:
Contact Number: <i>02 6576 4200</i>	
AVA No:	VPB No: <i>N8663</i>