



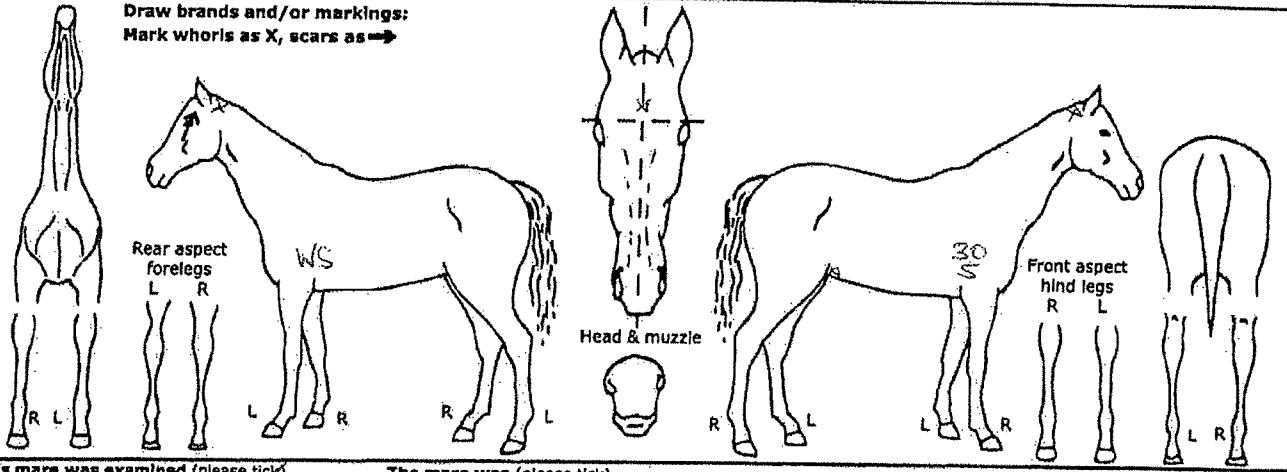
# Equine Veterinarians Australia

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: <u>POPPINS</u>		Age/DOB: <u>8-9-15</u>
(If unnamed) Sire:		Dam:
Breed: <u>TB</u>	Colour: <u>BAY</u>	Microchip No: <u>985,25000071666</u>
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: <u>COOLMORE, NSW</u>



This mare was examined (please tick)		The mare was (please tick)	
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>
Not Sedated	<input 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 checked="" type="checkbox"/>		Left	4.0 cm		2.0				
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Right	4.4 cm		2.0 CL				

Uterus		Y		N		Details	
Manual 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"/>					
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

Cervix		Y		N		Details	
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"/>					
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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

Vulva		Y		N		Details	
Caslicked	<input type="checkbox"/>	<input checked="" 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:**  
NO LEFT EYE - SURGICALLY REMOVED.

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<sup>®</sup> vaccine or any other medication.

Date: <u>11.4.18</u>	Signed: <u>[Signature]</u>
Name (please print): <u>M. MAIDMENT</u>	Place stamp/write address here:
Contact Number: <u>026576 4200</u>	
AVA No:	VPB No: <u>N8663</u>