



Equine Veterinarians Australia

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

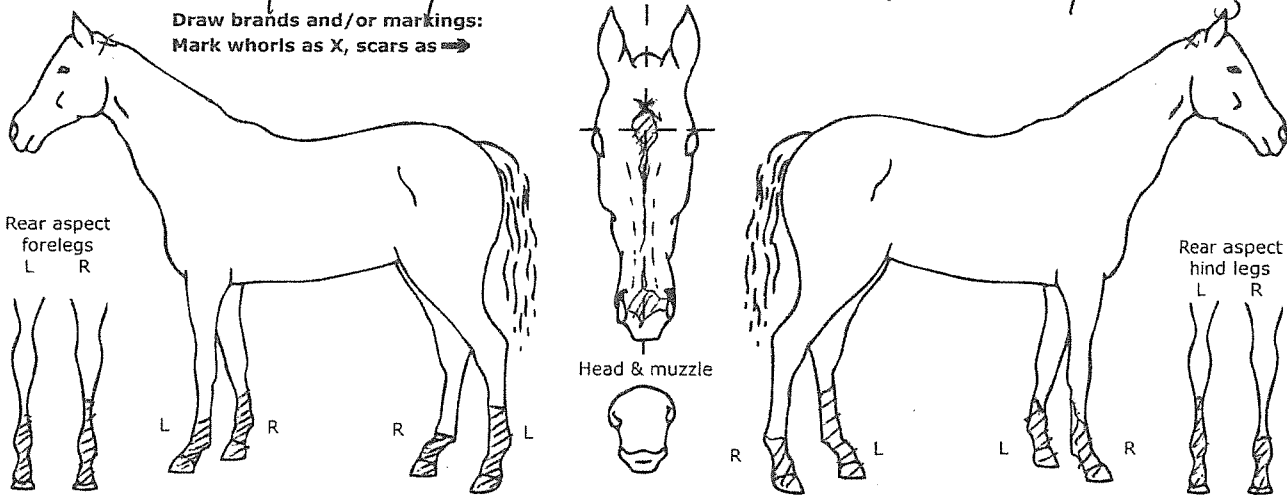


402

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 Equity® Vaccine or any other medication.

Animal presented as: Red Fender		Age/DOB: 16/11/2010
(If unnamed) Sire: Choisir		Dam: Chello Chello
Breed: thoroughbred	Colour: chestnut	Microchip No: 985100010972610
Owner (if known): Mary Bray	Address (if known): 210 Herbert Rd, Braidwood	
Person requesting examination: Mary Bray	Place of examination: Braidwood Veterinary Surgery	



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination	Y/N	Date
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	NIL	Hendra (HeV)	N	
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus		
Other Physical Restraint	<input type="checkbox"/>				Strangles		
					EHV-1,4	N	

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			150mm x 110mm	20mm x 20mm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right		<input checked="" type="checkbox"/>		160mm x 116mm	22mm x 20mm	60mm x 40mm SOLID STRUCTURE??

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
Uterine Cysts?		<input checked="" type="checkbox"/>	
Uterine Fluid?		<input checked="" type="checkbox"/>	
Comments:			

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments:			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:			

Other comments

Date: 9.4.2018.	Signed: G. Gilbert
Name (please print): GREGORY J. GILBERT	Place stamp/write address here:
Contact Number: 02 48 422 697	
AVA No: 970	VPB No: N3923

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