



# Equine Veterinarians Australia

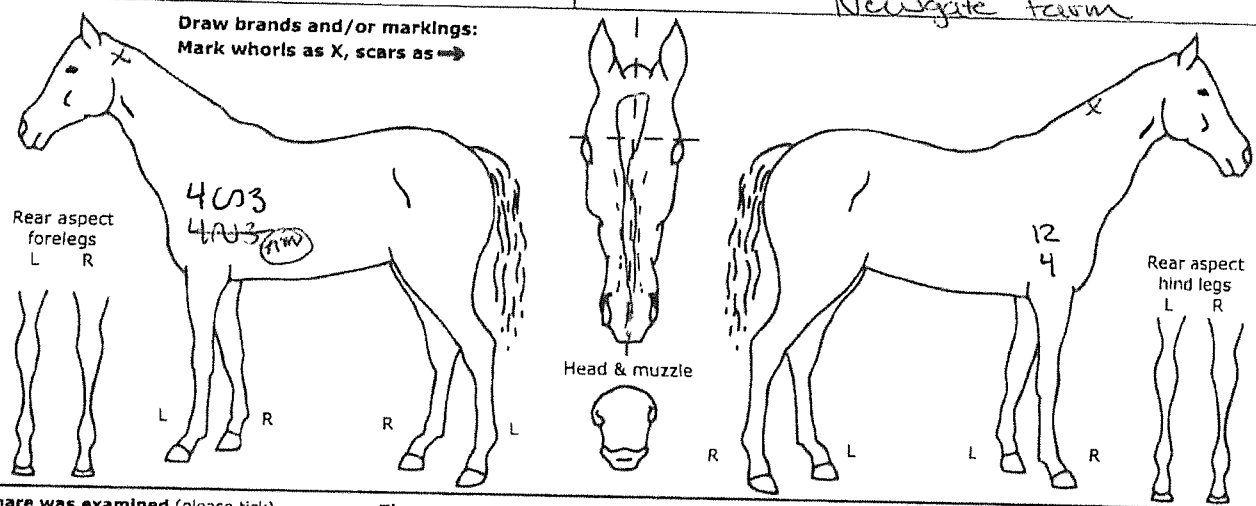
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 857



## 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>Smart Enough</u>		Age/DOB:
(If unnamed) Sire: <u>Smart Missile</u>		Dam: <u>Bondarini</u>
Breed: <u>TB</u>	Colour: <u>Bay</u>	Microchip No: <u>985100012054300</u>
Owner (if known):	Address (if known):	
Person requesting examination:	Place of examination: <u>Newgate Farm</u>	



<b>This mare was examined</b> (please tick)		<b>The mare was</b> (please tick)		<b>Reported last serve date</b> <input type="text"/>
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 (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 3.6 x 3.5 cm	Left: not active	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 4.5 x 5.1 cm	Right: 20cm	cl also present
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wnl		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wnl		
Uterine Cysts	<input type="checkbox"/>	<input type="checkbox"/>	None seen		
Uterine Fluid	<input type="checkbox"/>	<input type="checkbox"/>	no fluid		
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wnl		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wnl		
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wnl		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wnl		
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	wnl		
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder	Details				
Visual Examination	wnl				
Manual Examination	wnl				

Other comments

Date: 11/4/18

Name (please print): Nicole Meyer

Contact Number: 0418 634 812

AVA No:          VPB No: N60471

Signed: [Signature]

Place stamp/write address here: 11637