



Equine Veterinarians Australia

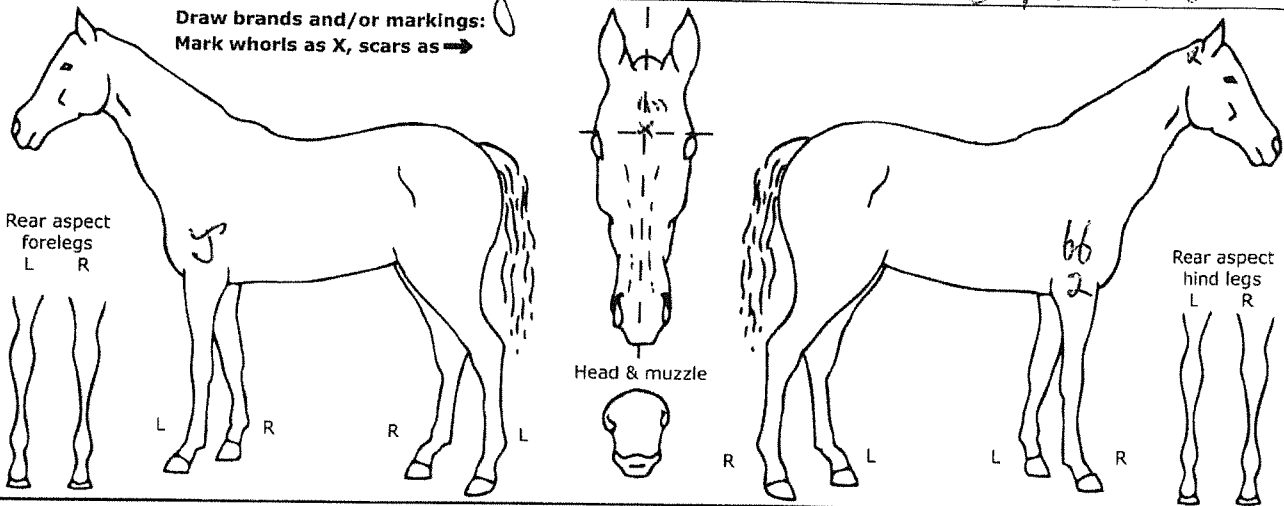
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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>Carraiges</u>		Age/DOB: <u>2013</u>
(If unnamed) Sire: _____		Dam: _____
Breed: <u>Thoroughbred</u> Colour: <u>bay</u>	Microchip No: <u>985100012023860</u>	
Owner (if known): <u>Kia Ora Stud</u>	Address (if known): _____	
Person requesting examination: <u>Alea Kingston</u>	Place of examination: <u>Kia Ora Stud</u>	



This mare was examined (please tick)

Under Sedation	<input type="checkbox"/>
Not Sedated	<input type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>

The mare was (please tick)

Pregnant	<input type="checkbox"/>
Not Pregnant	<input type="checkbox"/>

Reported last serve date

24/10/17

(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 type="checkbox"/>	<input type="checkbox"/>	Left:	Left: <u>20mm</u>	<u>complex luteum present.</u>
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: <u>80mm x 60mm</u>	Right: <u>40mm</u>	
Uterus	Y	N	Details		
Manual Examination per Rectum	<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"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>scar tissue anterior vagina on left</u>		
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>palpable scar tissue.</u>		
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>healing wound left of vulva.</u>		
Udder	Details				
Visual Examination	<u>normal appearance</u>				
Manual Examination	<u>no problems</u>				

Other comments

and at cervix on left.

Date: 9/4/18
 Name (please print): David O'Meara
 Contact Number: 6545 1333
 AVA No: 6233 VPB No: 5561

Signed: David O'Meara

Place stamp/write address here: 11420

Score Equine Hospital
 108 Liverpool St
 Score NSW 2337