

651



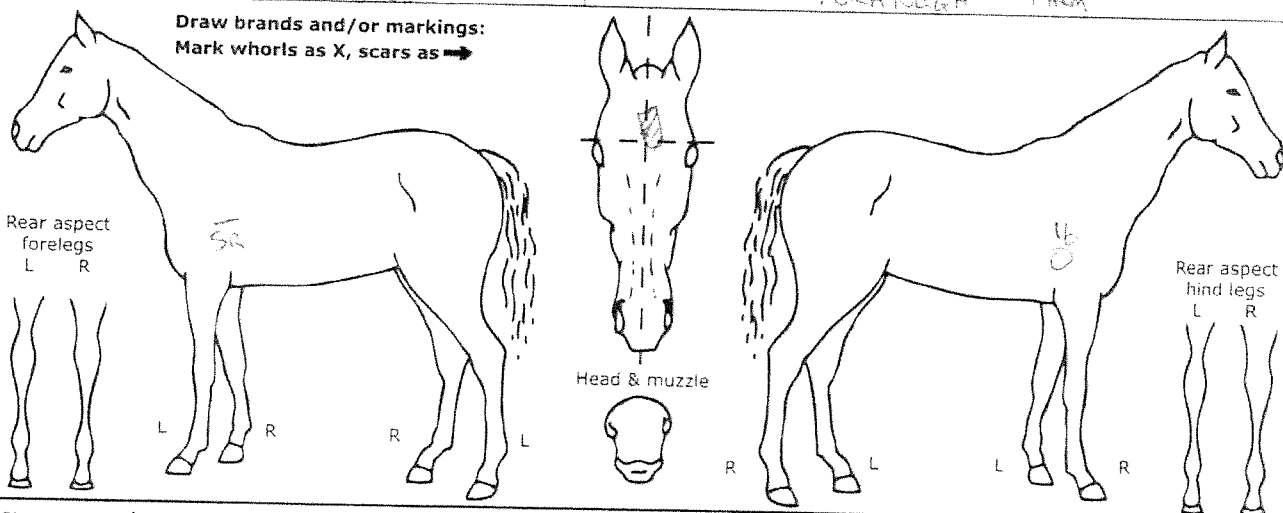
Equine Veterinarians Australia

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 Equity® Vaccine or any other medication.

Animal presented as: <u>Also a Star</u>		Age/DOB: <u>2010</u>
(If unnamed) Sire:		Dam:
Breed: <u>TB</u>	Colour: <u>Brown</u>	Microchip No: <u>9851000 10967226</u>
Owner (if known): <u>TURANGGA FARM</u>	Address (if known): <u>GUMPS ROAD SCONE</u>	
Person requesting examination: <u>FRS 54133</u>	Place of examination: <u>TURANGGA FARM</u>	



This mare was examined (please tick)

The mare was (please tick)

Reported last serve date

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

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

MALDEN

(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: <u>6.4 x 5.4</u>	Left: <u>3.8cm</u>	<u>Cystic Cystic</u>
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: <u>4.9 x 5.2</u>	Right: <u>4.1cm</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			<u>NAD</u>		
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 type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			<u>NAD</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 type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			<u>NAD</u>		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			<u>NAD</u>		
Udder	Details				
Visual Examination	<u>NAD</u>				
Manual Examination					

Other comments

Date: 5/4/18

Name (please print): AMY FITZGERALD

Contact Number: 0265451522

AVA No: _____ VPB No: N11063

Signed: Amy Fitzgerald

Place stamp: **DARTBROOK EQUINE** 10519

VETERINARY CLINIC

Phone: 02 6545 1522

410 Bunnan Road
Scone NSW 2337