



# Equine Veterinarians Australia

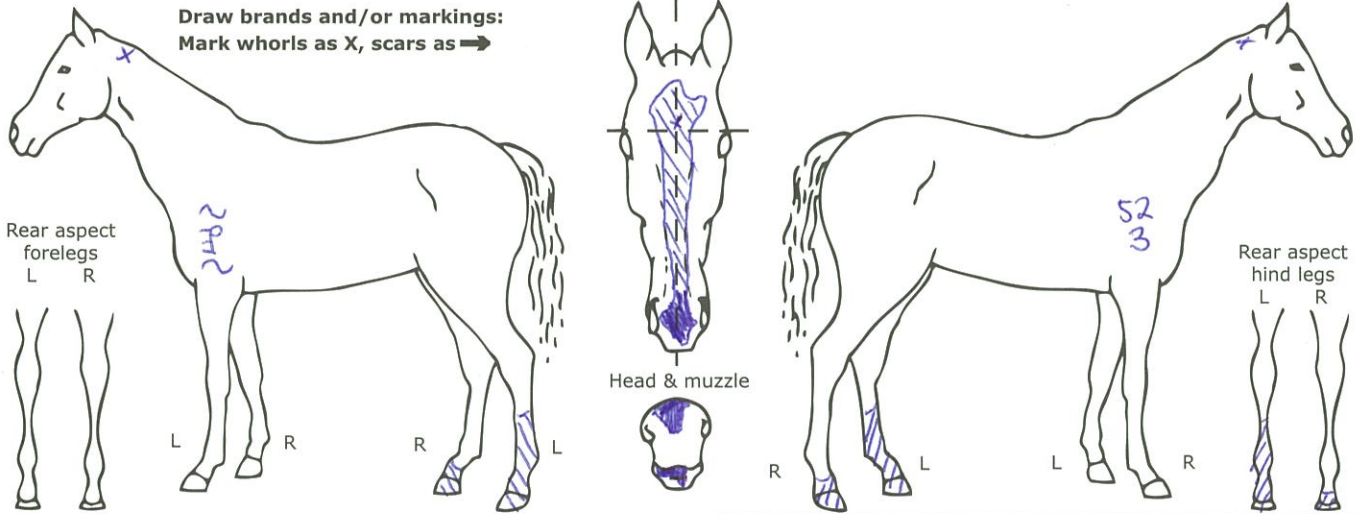
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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: <b>ENSHRAAM</b>		Age/DOB: <b>2003</b>
(If unnamed) Sire:		Dam:
Breed: <b>T/B</b>	Colour: <b>Dark Chestnut</b>	Microchip No: <b>985100010778467</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>M. RYAN</b>		Place of examination: <b>AQUIS FARM</b>



<b>This mare was examined</b> (please tick)	<b>The mare was</b> (please tick)	<b>Reported last serve date</b>
Under Sedation <input type="checkbox"/>	Pregnant <input type="checkbox"/>	<b>2.12.16</b>
Not Sedated <input checked="" 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: <b>45mm x 40mm</b>	Left: <b>10mm</b>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>50mm x 40mm</b>	Right: <b>12mm</b>	<b>1x corpus haemorrhagicum</b>
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"/>	<b>uterine oedema 1/5</b>		
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>1x small left horn, 1x small right horn</b>		
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
Comments					
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments					
Udder			Details		
Visual Examination			<b>NAD</b>		
Manual Examination			<b>NAD</b>		

**Other comments**

Date: <b>8.5.18</b>	Signed: <b>Duniga</b>
Name (please print): <b>PETER CARRIGAN</b>	Place stamp/write address here: <b>11434</b>
Contact Number: <b>65451333</b>	<b>Scone Equine Hospital</b>
AVA No: <b>20878</b>	<b>106 Liverpool St</b>
VPB No: <b>10090</b>	<b>Scone NSW 2337</b>