



Equine Veterinarians Australia

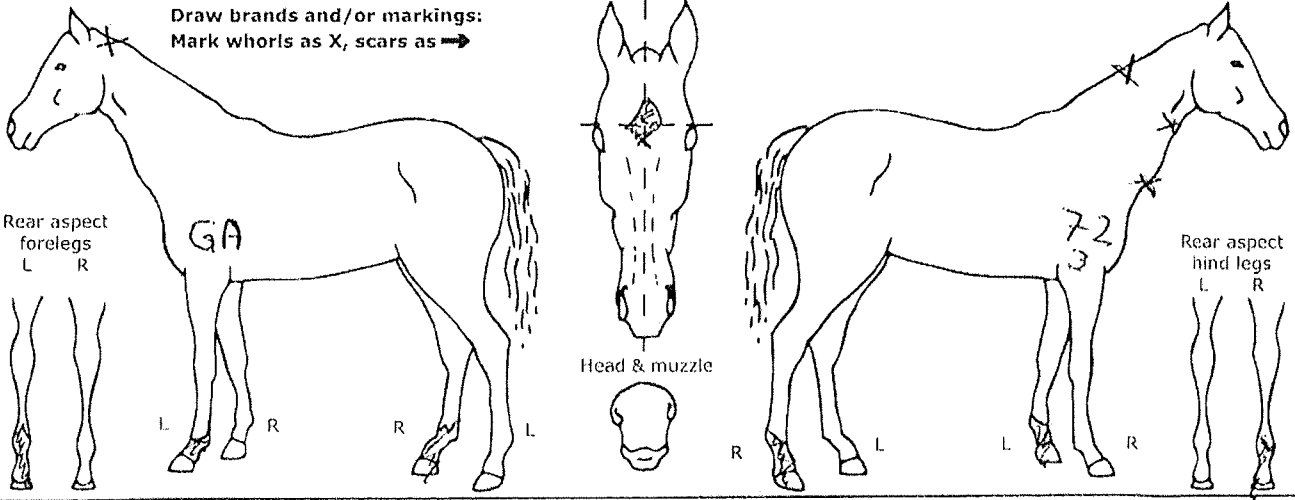
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: TOORAK ROSE		Age/DOB: 2013
(If unnamed) Sire:		Dam:
Breed: T/B	Colour: Chestnut	Microchip No: 985100012038682
Owner (if known):		Address (if known):
Person requesting examination: Ingrid		Place of examination: Rosemont Stud



This mare was examined (please tick)

Under Sedation	<input checked="" 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 checked="" type="checkbox"/>

Reported last serve date

(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: CL 50mm	Left: CL	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 41mm	Right: 10mm	
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			NAD		
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			NAD		
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			NAD		
Vulva	Y	N	Details		
Castlicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			NAD		
Udder	Details				
Visual Examination					
Manual Examination	NAD				

Other comments

Date: 15.8.18	Signed:
Name (please print): Gina Pardo MacCollino	Place stamp or type address here: 10685
Contact Number: 0352206500	DR G MACCOLLINO
AVA No: 25511	ROSEMONT STUD
VPB No: 8607	250 VOLUM ROAD
	GNARWARRE
	VIC 3221