



# Equine Veterinarians Australia

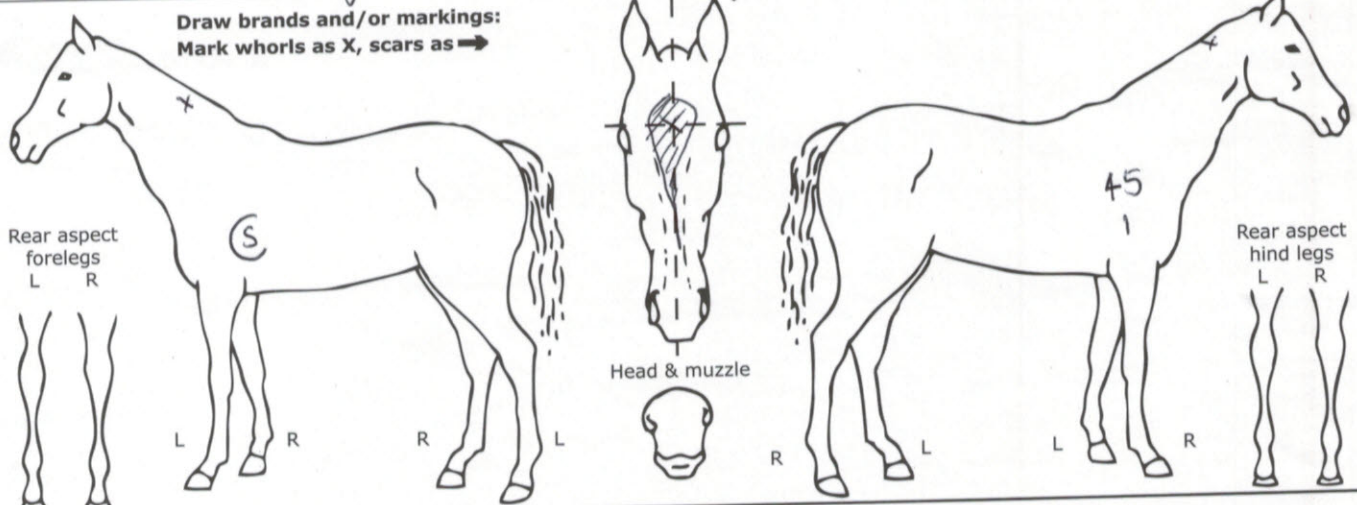
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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>Tylden Lady</u>              |   | Age/DOB: <u>17y</u>             |
| (If unnamed) Sire: <u>/</u>                          |   | Dam: <u>/</u>                   |
| Breed: <u>Thoroughbred</u>                           | Colour: <u>Bay</u>  | Microchip No: <u>None found</u> |
| Owner (if known): <u>Brian McKnight</u>              | Address (if known): <u>Oakford TB farm</u>                          |                                 |
| Person requesting examination: <u>Brian McKnight</u> | Place of examination: <u>Oakford Thoroughbred farm, Maldon, VIC</u> |                                 |



|   |  |                                 |                    |            |             |
|---|--|---------------------------------|--------------------|------------|-------------|
| <b>This mare was examined</b> (please tick)     | <b>The mare was</b> (please tick)                | <b>Reported last serve date</b> | <b>Vaccination</b> | <b>Y/N</b> | <b>Date</b> |
| Under Sedation                                  | Pregnant   | <u>N/A</u>                      | Hendra (HeV)       |            |             |
| Not Sedated <input checked="" type="checkbox"/> | Not Pregnant <input checked="" type="checkbox"/> |                                 | Tetanus            |            |             |
| Other Physical Restraint                        |  |                                 | Strangles          |            |             |
|   |  |                                 | EHV-1,4            |            |             |

| Ovaries                       |      | NL                                  | Ab | NE |       | NL                                  | Ab | NE | Total Ovarian Dimensions  | Largest Follicle Diameter | Comments: |
|-------------------------------|------|-------------------------------------|----|----|-------|-------------------------------------|----|----|---------------------------|---------------------------|-----------|
| Manual Examination per Rectum | Left | <input checked="" type="checkbox"/> |    |    | Right | <input checked="" type="checkbox"/> |    |    | <u>⊙ ovary; 40 x 37mm</u> | <u>20mm</u>               |           |
| U/S Examination               | Left | <input checked="" type="checkbox"/> |    |    | Right | <input checked="" type="checkbox"/> |    |    | <u>⊙ ovary; 45 x 36mm</u> | <u>29mm</u>               |           |

| Uterus                        | NL                                  | Ab                                  | NE        |
|-------------------------------|-------------------------------------|-------------------------------------|-----------|
| Manual Examination per Rectum | <input checked="" type="checkbox"/> |                                     |           |
| U/S Examination               | <input checked="" type="checkbox"/> |                                     |           |
|                               | <b>Y</b>                            | <b>N</b>                            | <b>NE</b> |
| Uterine Cysts?                |                                     | <input checked="" type="checkbox"/> |           |
| Uterine Fluid?                |                                     | <input checked="" type="checkbox"/> |           |
| Comments:                     |                                     |                                     |           |

| Cervix                          | NL                                  | Ab | NE                                  |
|---------------------------------|-------------------------------------|----|-------------------------------------|
| Manual Examination per Vagina   | <input checked="" type="checkbox"/> |    |                                     |
| U/S Examination                 | <input checked="" type="checkbox"/> |    |                                     |
| Visual Examination per Speculum |                                     |    | <input checked="" type="checkbox"/> |
| Comments:                       |                                     |    |                                     |

| Vulva                | Y                                   | N | NE |
|----------------------|-------------------------------------|---|----|
| Caslicked / repairs? | <input checked="" type="checkbox"/> |   |    |
| Comments:            |                                     |   |    |

| Vagina                          | NL                                  | Ab | NE                                  |
|---------------------------------|-------------------------------------|----|-------------------------------------|
| Manual Examination per Vagina   | <input checked="" type="checkbox"/> |    |                                     |
| U/S Examination                 | <input checked="" type="checkbox"/> |    |                                     |
| Visual Examination per Speculum |                                     |    | <input checked="" type="checkbox"/> |
| Comments:                       |                                     |    |                                     |

| Udder              | NL                                  | Ab | NE |
|--------------------|-------------------------------------|----|----|
| Visual Examination | <input checked="" type="checkbox"/> |    |    |
| Manual Examination | <input checked="" type="checkbox"/> |    |    |
| Comments:          |                                     |    |    |

Other comments ..... None .....

|  |   |
|--|---|
| Date: <u>13/6/18</u>                       | Signed:                                 |
| Name (please print): <u>DR SARAH JALIM</u> | Place stamp/write address here:         |
| Contact Number: <u>03 5448 5331</u>        | <b>Victorian Equine Group</b>           |
| AVA No: <u>17511</u>                       | <b>38 Heinz Street White Hills 3550</b> |
| VPB No: <u>4547</u>                        | <b>Ph (03) 5448 5331</b>                |
|  | <b>21130</b>                            |
|  | <b>info@victorianequinegroup.com.au</b> |