



Equine Veterinarians Australia

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

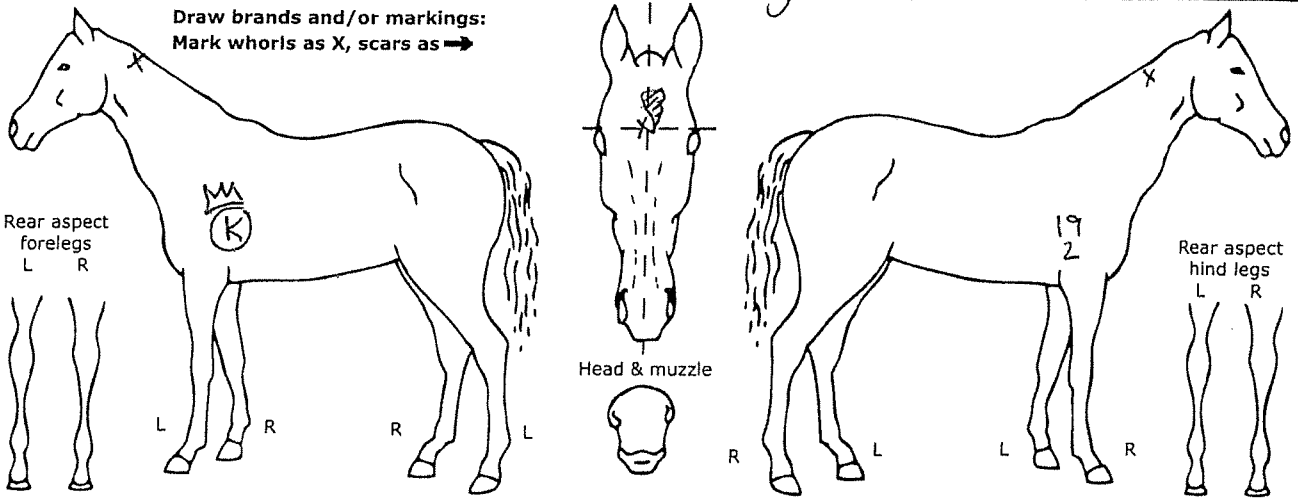
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VETERINARY REPORT ON BROODMARE FOR SALE

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: Zedski		Age/DOB: 2002
(If unnamed) Sire:		Dam:
Breed: TB	Colour: Ch	Microchip No:
Owner (if known): R. Crabtree	Address (if known):	
Person requesting examination: R. Crabtree	Place of examination: Dorrington Farm	



This mare was examined (please tick)

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

13/10/17

(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 checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 40 x 20 mm	Left: 20 mm	anestrus
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 20 x 20 mm	Right: 10 mm	anestrus
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Very small, anechoic @ cervix on U/S		
Comments					
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal fiber pattern		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal		
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			No abnormalities		
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			No discharge		
Udder					
Visual Examination	Normal				
Manual Examination	N/A				

Other comments

Date: 18.6.18	Signed:
Name (please print): Chelsie Burden	Place stamp/write address here:
Contact Number: 0484 296 362	08327 Goulburn Valley Equine Hospital
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