



# Equine Veterinarians Australia

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

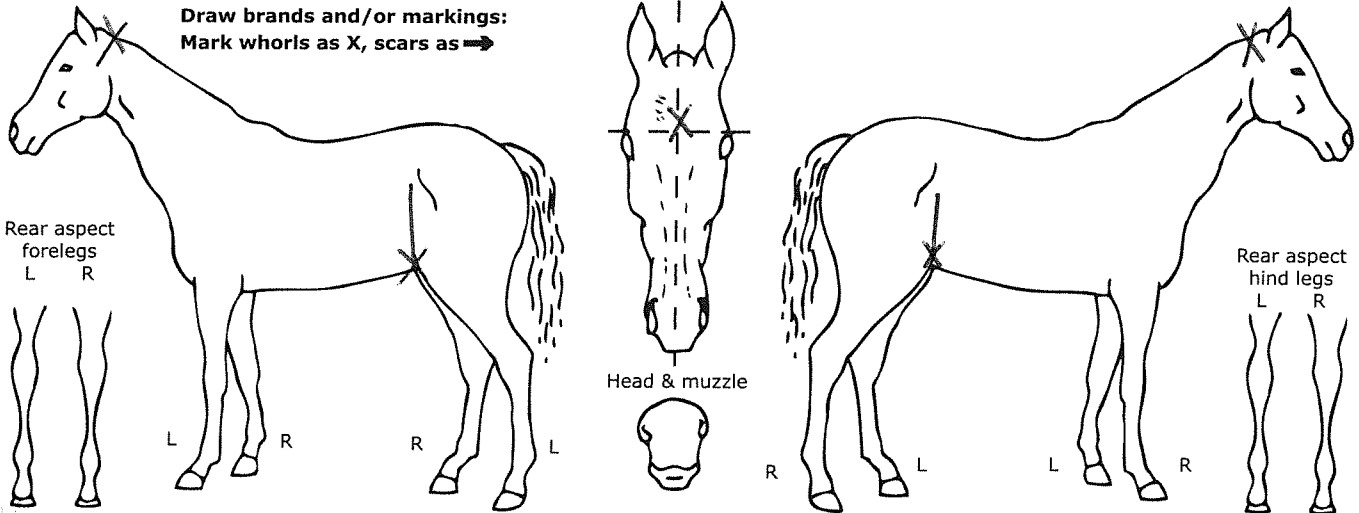
## VETERINARY REPORT ON BROODMARE FOR SALE

614



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: <b>ARTFUL WHISPER</b>		Age/DOB: <b>15 YRS</b>
(If unnamed) Sire:		Dam:
Breed: <b>THOROUGHBRED</b>	Colour: <b>BROWN</b>	Microchip No: <b>985101028052693</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>K. WISNEWSKI</b>		Place of examination: <b>HILLSIDE THOROUGHBREDS</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>25.11.17</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>41mm</b>	Left: <b>5mm</b>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>47mm</b>	Right: <b>10mm</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"/>	
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>4 SMALL CYSTS AT BIFURCATION MAY SIZE 17MM</b>
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			

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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			

Vulva	Y	N	Details
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			

Cervix	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>OPEN, SOFT</b>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			<b>SMALL DEFECT EXTERNAL OS @ 5 O'CLOCK</b>

Udder	Y	N	Details
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Other comments **ANOESTRUS**

Date: <b>07.06.18</b>	Signed: <b>Claire Brown</b>
Name (please print): <b>CLAIRE BROWN BVetMed MRCVS</b>	Place stamp/write address here: <b>SEYMOUR EQUINE CLINIC 100 POPPLES LANE HILLDENE VIC 3660</b>
Contact Number: <b>0429 028 095</b>	<b>07731</b>
AVA No: <b>19097</b>	VPB No: <b>6275</b>