



# Equine Veterinarians Australia

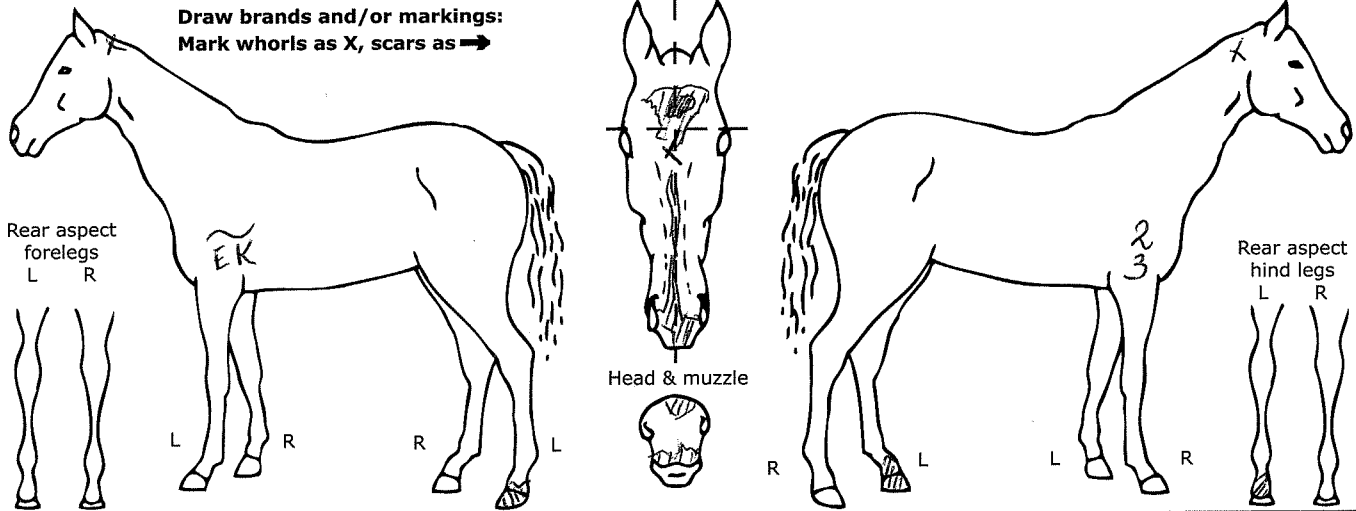
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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<sup>®</sup> Vaccine or any other medication.

Animal presented as: <b>BLOODETTE</b>		Age/DOB: <b>4 YEARS</b>
(If unnamed) Sire:		Dam:
Breed: <b>THOROUGHBRED</b>	Colour: <b>BAY</b>	Microchip No: <b>985100012032709</b>
Owner (if known): <b>ESKER LODGE</b>	Address (if known): <b>BEREMBOKE, VIC</b>	
Person requesting examination: <b>TOM MURTAGH</b>	Place of examination: <b>MANNINGTREE PARK, VIC</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 checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="text"/>
Not Sedated	<input 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 type="checkbox"/>	<input type="checkbox"/>	Left: <b>4.5cm</b>	Left: <b>7.5cm</b>	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: <b>4.8cm</b>	Right: <b>7cm</b>	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>					

Cervix	Y	N	Details	Vulva	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Comments	<input type="checkbox"/>	<input type="checkbox"/>					

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

Other comments

Date: <b>12/6/18</b>	Signed:
Name (please print): <b>K.M. TYLER</b>	Place stamp/write address here: <b>08519 BAWARAT VETERINARY PRACTICE 54 MIDAS ROAD, MINERS REST 3352</b>
Contact Number: <b>03 5334 6756</b>	
AVA No: <b>5309</b>	VPB No: <b>3547</b>