# Equine Veterinarians Australia

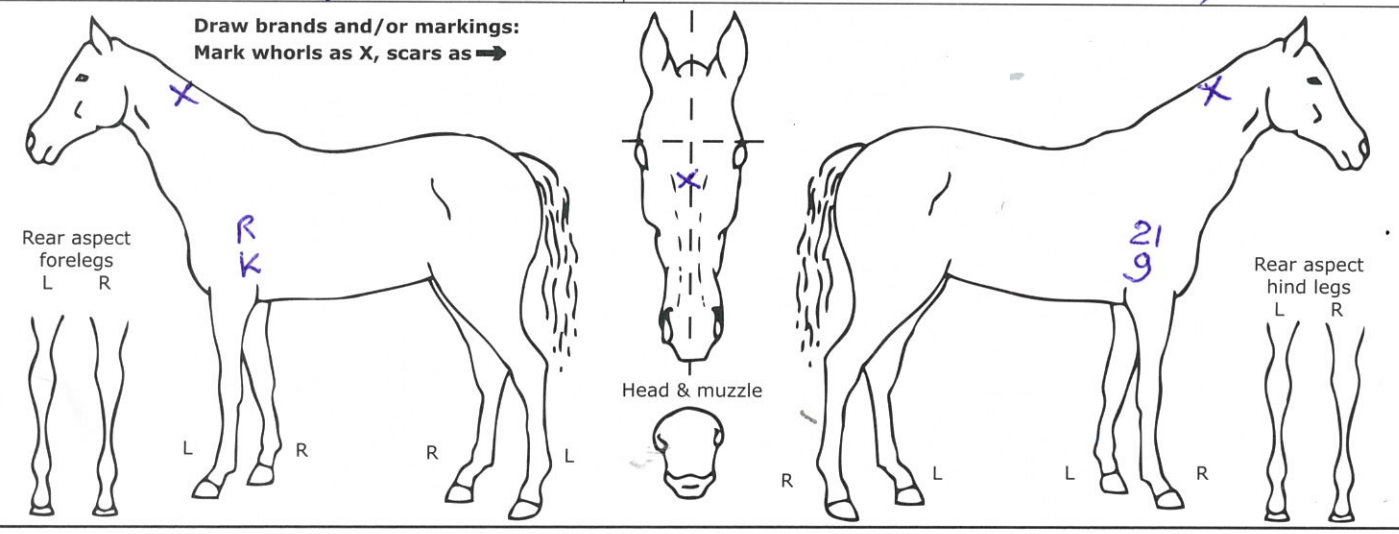
*A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852*

## 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: | CANDY BRIDGE Lot 635. | Age/DOB: | 2009 |
| (If unnamed) Sire: | — | Dam: | — |
| Breed: T/B | Colour: BAY | Microchip No: | |
| Owner (if known): | | Address (if known): | |
| Person requesting examination: V. METCALFE | | Place of examination: MIDDLEBROOK VALLEY LODGE | |

**Draw brands and/or markings:**
**Mark whorls as X, scars as ➡**




**This mare was examined** (please tick)

| | |
|---|---|
| Under Sedation | |
| Not Sedated | ✓ |
| Other Physical Restraint | |

**The mare was** (please tick)

| | |
|---|---|
| Pregnant | |
| Not Pregnant | ✓ |

**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 | ✓ | | **Left:** 30 x 40 x 40mm | **Left:** 10m | NAD |
| U/S Examination | ✓ | | **Right:** 40 x 40 x 40m | **Right:** 20m | NAD |

| ***Uterus*** | **Y** | **N** | **Details** |
|---|---|---|---|
| Manual Examination per Rectum | ✓ | | |
| U/S Examination | ✓ | | |
| Uterine Cysts | | ✓ | |
| Uterine Fluid | | ✓ | |
| Comments | | | NAD |

| ***Cervix*** | **Y** | **N** | **Details** |
|---|---|---|---|
| Manual Examination per Vagina | ✓ | | |
| U/S Examination | ✓ | | |
| Visual Examination per Speculum | | ✓ | |
| Comments | | | NAD |

| ***Vagina*** | **Y** | **N** | **Details** |
|---|---|---|---|
| Manual Examination per Vagina | ✓ | | |
| U/S Examination | ✓ | | |
| Visual Examination per Speculum | | ✓ | |
| Comments | | | NAD |

| ***Vulva*** | **Y** | **N** | **Details** |
|---|---|---|---|
| Caslicked | ✓ | | |
| Comments | | | NAD |

| ***Udder*** | |
|---|---|
| Visual Examination | NAD |
| Manual Examination | — |

***Other comments***

NAD = No Abnormality Detected

| | |
|---|---|
| Date: 11.06.18 | Signed: |
| Name (please print): CAMERON COLLINS | Place stamp/write address here: 10992 |
| Contact Number: 02 65451333 | Scone Equine Hospital<br>106 Liverpool St<br>Scone NSW 2337 |
| AVA No: 6877 VPB No: NS615 | |

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