



Equine Veterinarians Australia

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

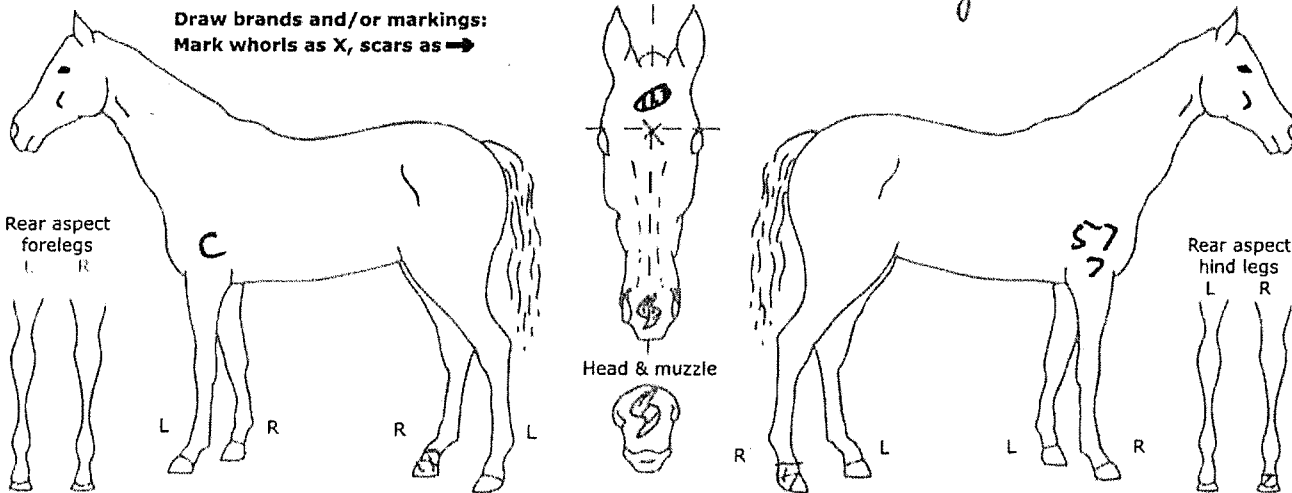
VETERINARY REPORT ON BROODMARE FOR SALE

643 ✓



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: Chinkara Dancer		Age/DOB: 09/10/07
(If unnamed) Sire:		Dam:
Breed: TB	Colour: Bay	Microchip-No: 985100010907682
Owner (if known):	Address (if known):	
Person requesting examination:	Place of examination: Caldin Farm Angaston	



This mare was examined (please tick)

The mare was (please tick)

Reported last serve date

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

Pregnant	<input type="checkbox"/>
Not Pregnant	<input checked="" 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: 40 x 50	Left:	25
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 40 x 40	Right:	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL		
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 type="checkbox"/>	<input checked="" type="checkbox"/>	WNL		
Comments					
Udder	Y	N	Details		
Visual Examination	<input type="checkbox"/>	<input type="checkbox"/>	WNL		
Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>			

Other comments

Date: 15/6/18	Signed:
Name (please print): Daniel Sims	Place stamp/write address here: Barossa Equine Clinic
Contact Number: 0437 877 004	Angaston
AVA No: 22808	VPB No: 2332