



Equine Veterinarians Australia

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

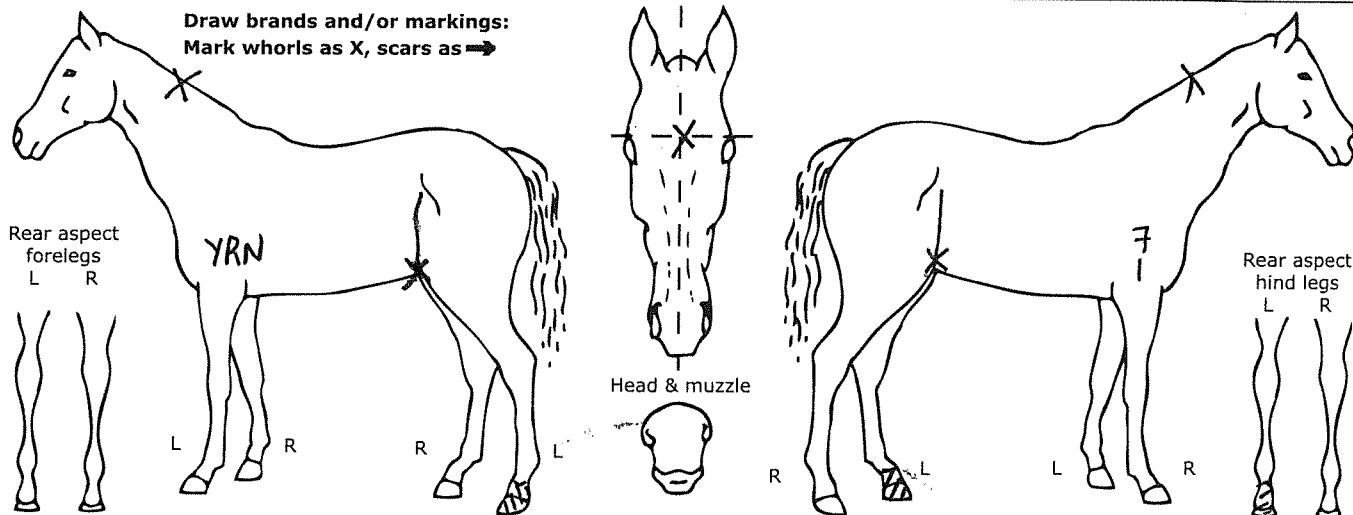
666



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: DIVINER		Age/DOB: 6 YRS.
(If unnamed) Sire:		Dam:
Breed: THOROUGHBRED	Colour: BAY	Microchip No: 98S100012001084
Owner (if known):		Address (if known):
Person requesting examination: J. DOWERTY		Place of examination: YARRAN THOROUGHBREDS



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 42 mm	Left: 10mm	CORPUS LUTEUM
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 47mm	Right: <input type="checkbox"/>	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NORMAL		
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"/>	NORMAL		
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"/>	NORMAL		
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"/>	NORMAL		
Comments					
Comments					
Udder			Details		
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NORMAL		
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Other comments **DIOESTRUS**

Date: 13.06.18	Signed: Claire Brown
Name (please print): CLAIRE BROWN BVetMed MRCVS	Place stamp/write address here: SEYMOUR EQUINE CLINIC 07736
Contact Number: 0429 028 095	100 POPPLES LANE
AVA No: 19097	HILLDENE VIC 3660
VPB No: 6275	