



Equine Veterinarians Australia

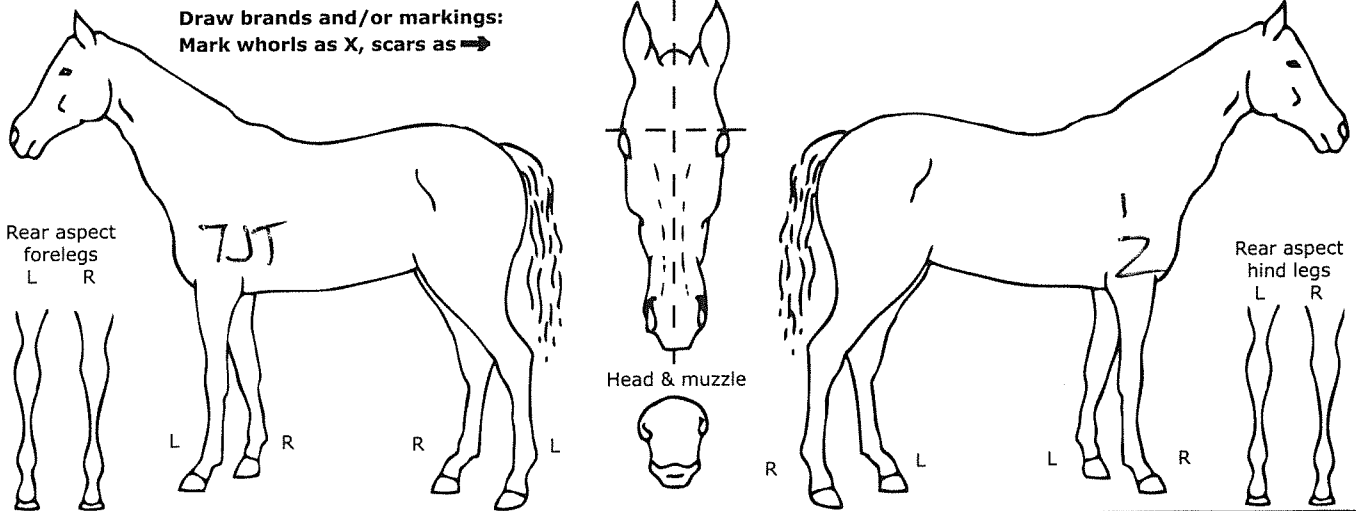
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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[®] Vaccine or any other medication.

Animal presented as: KARENS HEART		Age/DOB:
(If unnamed) Sire:		Dam:
Breed:	Colour: Chestnut	Microchip No: 985100012014215
Owner (if known): Sweetenhan		Address (if known):
Person requesting examination: owner		Place of examination: Oaklands Junction



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date
Under Sedation <input type="checkbox"/>	Pregnant <input type="checkbox"/>	
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: 4.6 x 4.3	Left: 2.9 x 2.2	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 3.6 x 3.7	Right: 1.6 x 2.2	
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 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 type="checkbox"/>	<input checked="" type="checkbox"/>			
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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>			
Comments					
Udder	Y	N	Details		
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Other comments

Date: 19/6/18	Signed: Ian Church
Name (please print): IAN CHURCH	Place stamp/write address here:
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