



Equine Veterinarians Australia

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

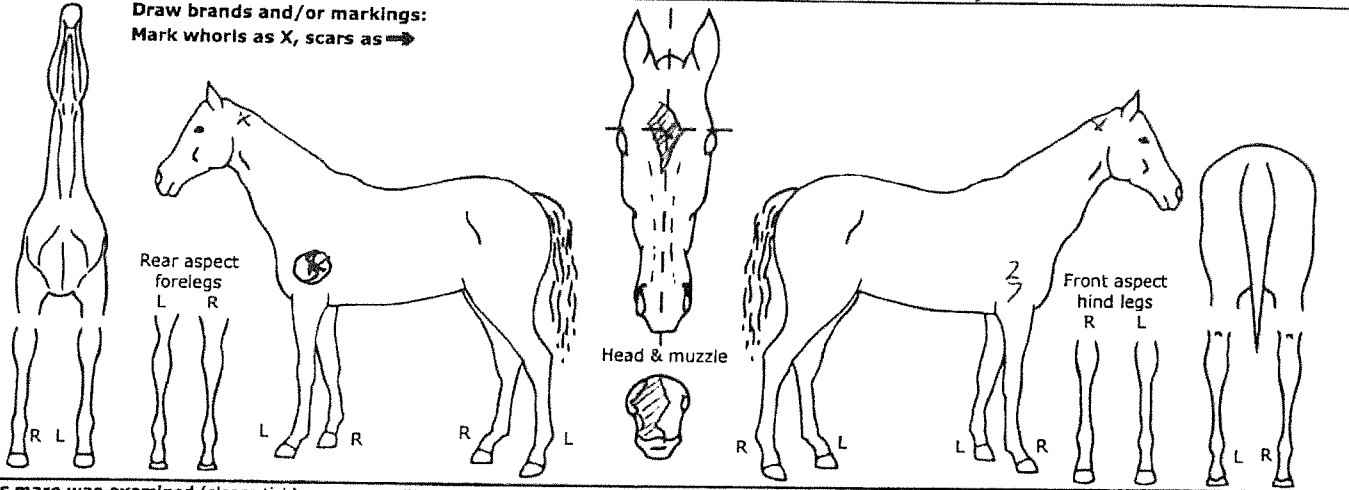


725

VETERINARY REPORT ON BROODMARE FOR SALE

Animal presented as: KENONA LASS		Age/DOB: 2007
(If unnamed) Sire:		Dam:
Breed: TB	Colour: Bay	Microchip No: 985100010917264
Owner (if known): K. SOWELL		Address (if known):
Person requesting examination: B. IVILL		Place of examination: LITTLE PLAINS SFD

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



This mare was examined (please tick)

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

The mare was (please tick)

Pregnant	<input checked="" type="checkbox"/>
Not Pregnant	<input type="checkbox"/>

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions	Largest Follicles Diameter	Comments
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left		
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right		

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Cysts	<input type="checkbox"/>	<input type="checkbox"/>		U/S examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

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

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

Other relevant clinical abnormalities:

Note: This examination is limited to an assessment of the above specified matters 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 EquiVet® Vaccine or any other medication.

Date: 12/6/18	Signed:
Name (please print): Andrew R. J.	Place stamp/write address here:
Contact Number:	Warby Street Veterinary Hospital 32 Warby Street Wangaratta, 3677 PH: 6721 7177
AVA No: 5815	VPB No: 4041