



# Equine Veterinarians Australia

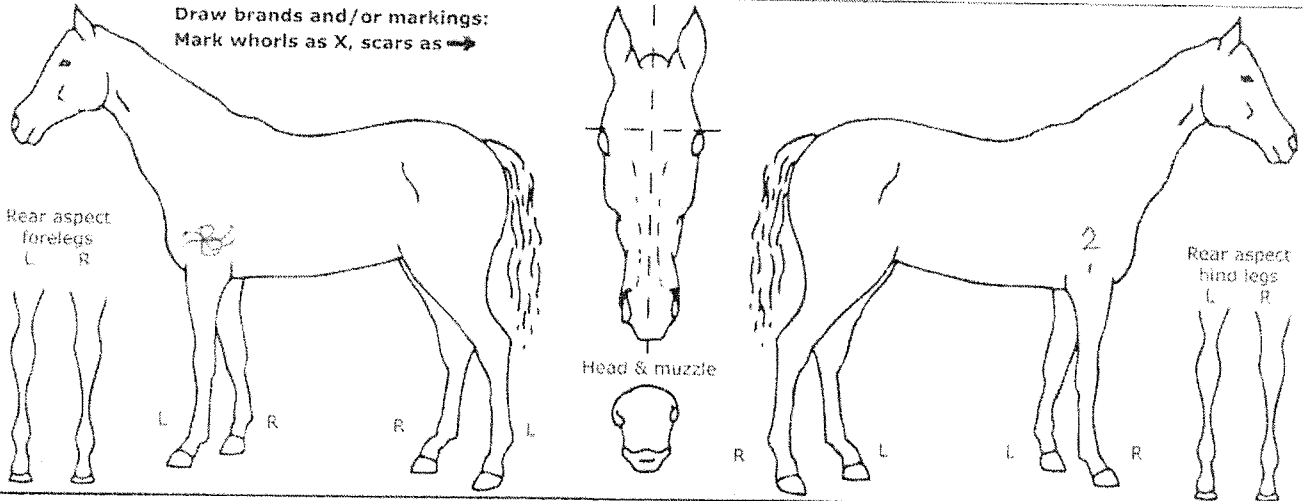
A Special Interest Group of the Australian Veterinary Association Ltd, ABN 63 008 522 852

## VETERINARY REPORT ON BROODMARE FOR SALE

729 ✓

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: <b>KURIOS</b>		Age/DOB: <b>17.08.2011</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>BAY BROWN</b>	Microchip No: <b>985100012008972</b>
Owner (if known):	Address (if known):	
Person requesting examination: <b>TAS RIELEY</b>	Place of examination: <b>BASINGHALL</b>	



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"/>	<b>N/A MAIDEN</b>
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 type="checkbox"/>	<input type="checkbox"/>	Left: <b>5.5 x 3.3 cm</b>	Left: <b>0.5 cm</b>	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: <b>4.5 x 3.6 cm</b>	Right: <b>1 cm</b>	
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			<b>NAD.</b>		
Cervix	Y	N	Details		
Manual Examination per vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			<b>NAD</b>		
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			<b>NAD.</b>		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" 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

**MARE IN ANOESTRUS. NO ABNORMALITIES DETECTED**

Date: <b>15.6.18</b>	Signed: <b>[Signature]</b>
Name (please print): <b>KATE WILCOX</b>	Place stamp/write address here: <b>06752</b>
Contact Number: <b>0429815596</b>	
AVA No: <b>21517</b>	VPB No: <b>18367</b>

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