

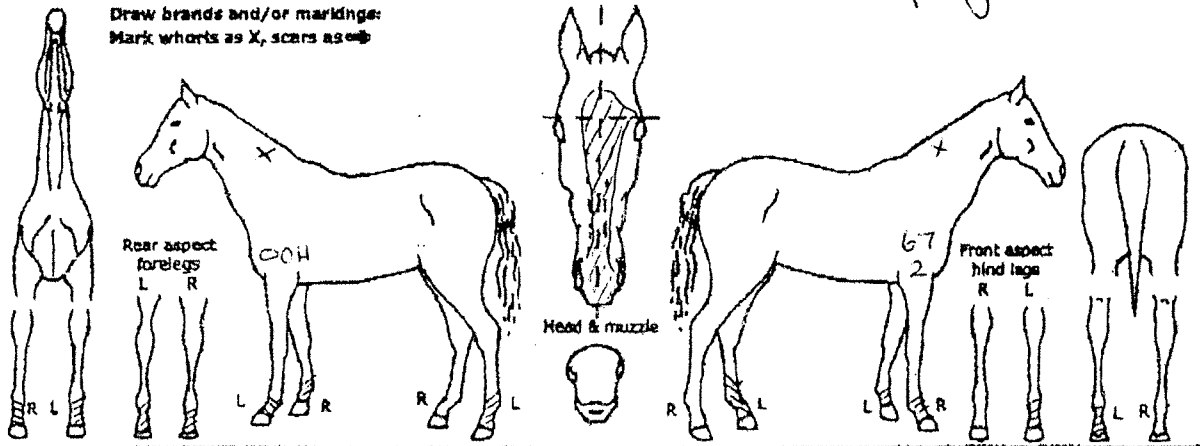


Equine Veterinarians Australia
 A Special Interest Group of the Australian Veterinary Association Pty Ltd. ABN 63 008 362 632
VETERINARY REPORT ON BROODMARE FOR SALE



817 ✓

Animal presented as: <u>Red Orchid</u>		Age/DOB: <u>2012</u>
(If unnamed) Sire: <u>Red Hot choice</u>		Dam: <u>Grand orient</u>
Breed: <u>T/B</u>	Colour: <u>Brown</u>	Microchip No: <u>985100012024194</u>
Owner (if known): <u>DAKARMO FARMS</u>		Address (if known):
Person requesting examination: <u>JILL DEARMAN</u>		Place of examination: <u>TURNAGAIN Springton S.A</u>



This mare was examined (please tick)		The mare was (please tick)	
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 checked="" type="checkbox"/>		

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

Ovaries	Y	N	Total Ovarian Dimensions	Largest Follicle Diameter	Comments
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: <u>35 x 35 mm</u>	<u>10 mm</u>	<u>NIL ABNORMALITIES</u>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>30 x 25</u>	<u>10 mm</u>	

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 checked="" type="checkbox"/>	<input type="checkbox"/>		Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>		U/S examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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

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

Other relevant clinical abnormalities:

Notes: 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 Equiylex, Vaccines or any other medication.

Date: <u>12/6/2018</u>	Signed:
Name (please print): <u>LINDSAY YOUNG</u>	Place stamp/write address here:
Contact Number: <u>0408 132 742</u>	
AVA No:	VPB No:

DR LINDSAY YOUNG
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