



Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 094 222 652

VETERINARY REPORT ON BROODMARE FOR SALE

848 ✓

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.

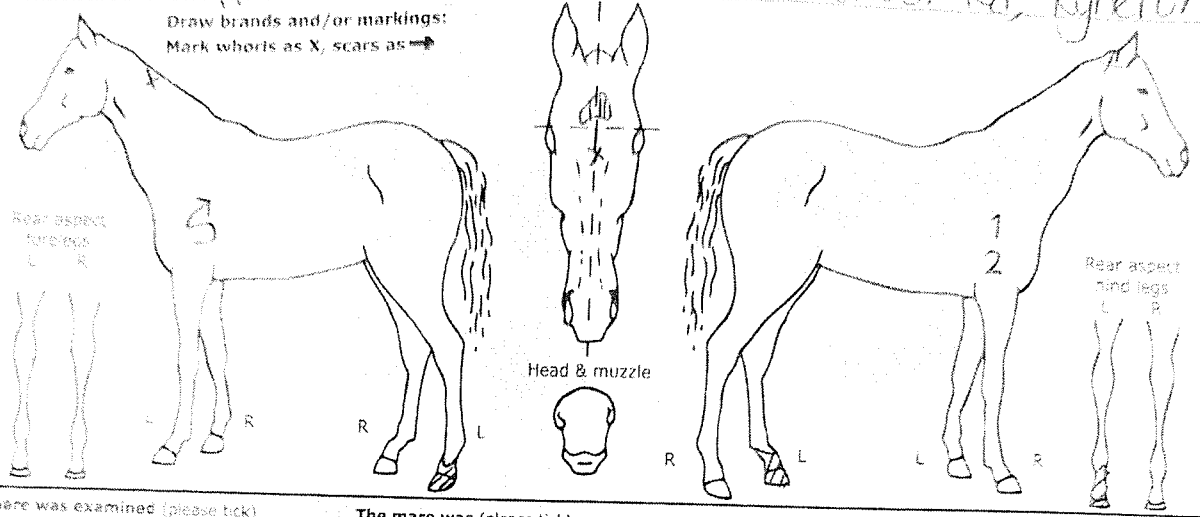
Animal presented as: **Simbelation** Age/DOB: _____

(If unnamed) Sire: _____ Dam: _____

Breed: **Thoroughbred** Colour: _____ Microchip No: **93510001201176**

Owner (if known): **C Griffiths** Address (if known): _____

Person requesting examination: **C Griffiths** Place of examination: **53 Blackhill School Rd, Kyreton**



This mare was examined (please tick)

Under Scrotum	<input checked="" type="checkbox"/>
Not Scroted	<input type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>

The mare was (please tick)

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

Reported last serve date: _____

(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: 4.5cm x 5cm	Left: 20mm	No abnormalities detected
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 4cm x 4.5cm	Right: 20mm	
Uterus					
Manual Examination per Rectum					
U/S Examination					
Abdominal Cysts					
Uterine Fluid					
Comments					
Cervix					
Manual Examination per Vagina					
U/S Examination					
Visual Examination per Speculum					
Comments					
Vagina					
Manual Examination per Vagina					
U/S Examination					
Visual Examination per Speculum					
Comments					
Vulva					
Caslicked					
Comments					
Udder					
Visual Examination					
Manual Examination					

Other comments: _____

Date: **13-6-18**

Name (please print): **Alison Miles**

Contact Number: **0498 777 100**

AVA No: **15076** VPB No: **4048**

Signed: **Alison Miles BVSc (HONS)**

Place stamp/write address here: **Alison Miles Romsey Equine Services 100 Moffatts Lane**

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