



Equine Veterinarians Australia

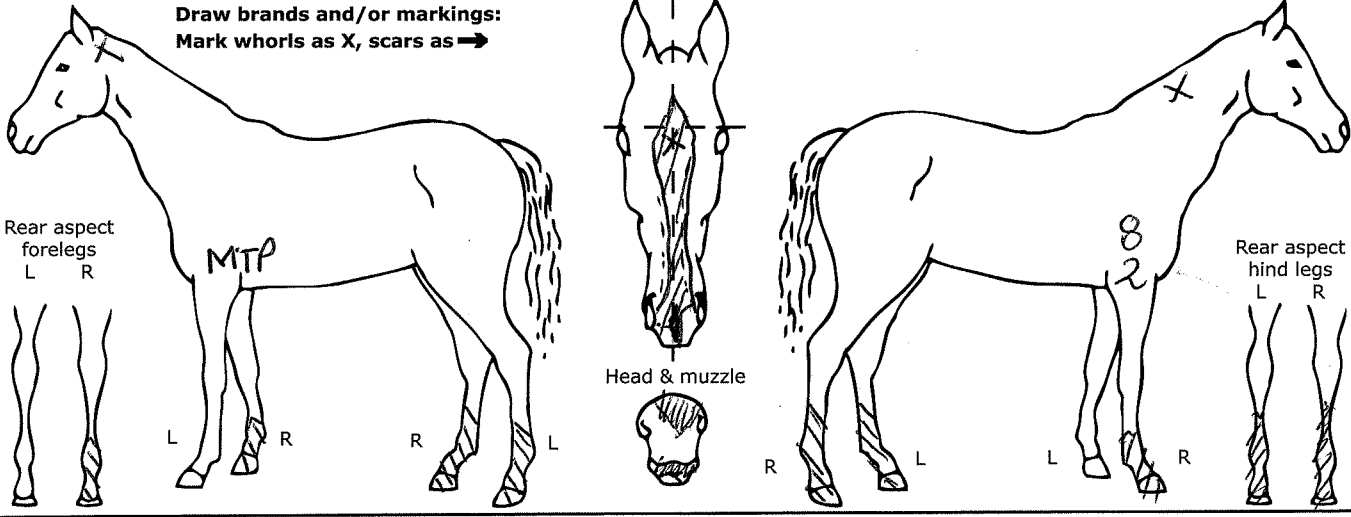
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852

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 Equity® Vaccine or any other medication.

Animal presented as: SIRIUS WITNESS		Age/DOB: 5 YEARS
(If unnamed) Sire:		Dam:
Breed: THOROUGHBRED	Colour: BAY	Microchip No: 985100012025387
Owner (if known): ESKER LODGE	Address (if known): BEREMBOKE, VIC	
Person requesting examination: TOM MURTAGH	Place of examination: MANNINGTREE PARK	



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"/>	<input type="text"/>
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			Left: 6.1cm	Left: CL	
U/S Examination			Right: 4.4cm	Right: 7cm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>			Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>			U/S Examination	<input checked="" type="checkbox"/>		
Uterine Cysts		<input checked="" type="checkbox"/>		Visual Examination per Speculum		<input checked="" type="checkbox"/>	
Uterine Fluid		<input checked="" type="checkbox"/>		Comments			
Comments		<input checked="" type="checkbox"/>					

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

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

Other comments

Date: 12/6/2018	Signed:
Name (please print): K.M. TYLER	Place stamp/write address here: BALLARAT VETERINARY PRACTICE 03520
Contact Number: 0353346756	EQUINE CLINIC
AVA No: 5309	MIDAS ROAD, MINERS REST
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