



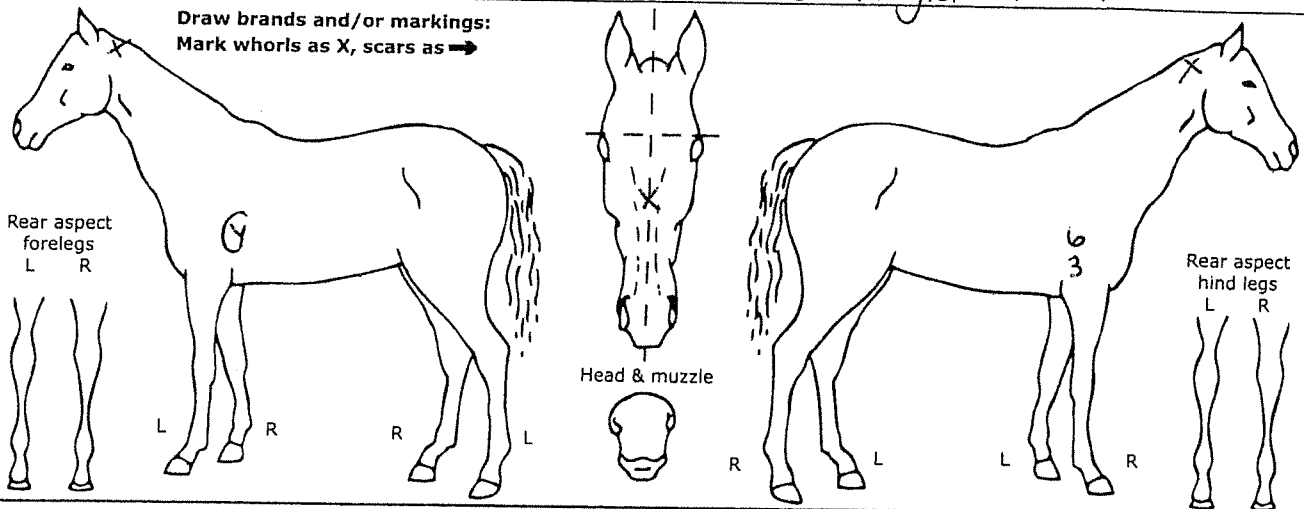
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VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVax[®] Vaccine or any other medication.

Animal presented as: So Belle		Age/DOB: 2013
(If unnamed) Sire:		Dam:
Breed: TB	Colour: GR	Microchip No:
Owner (if known): R. Crabtree		Address (if known):
Person requesting examination: R. Crabtree		Place of examination: Dorrington Farm



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	8/11/17
Not Sedated	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 25 x 20 mm	Left: 10 mm	anestrus
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 30 x 20 mm	Right: 5 mm	anestrus
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			Normal		
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			Normal Fibre pattern		
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			Normal		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			Not necessary		
Udder	Details				
Visual Examination	Normal - maiden				
Manual Examination					

Other comments

Date: 18.6.18	Signed:
Name (please print): Chelsie Burden	Place stamp/write address here:
Contact Number: 0404 296 362	08328 Goulburn Valley Equine Hospital 905 Goulburn Valley Hwy Congupna VIC 3633
AVA No:	VPB No: 8198