



Equine Veterinarians Australia

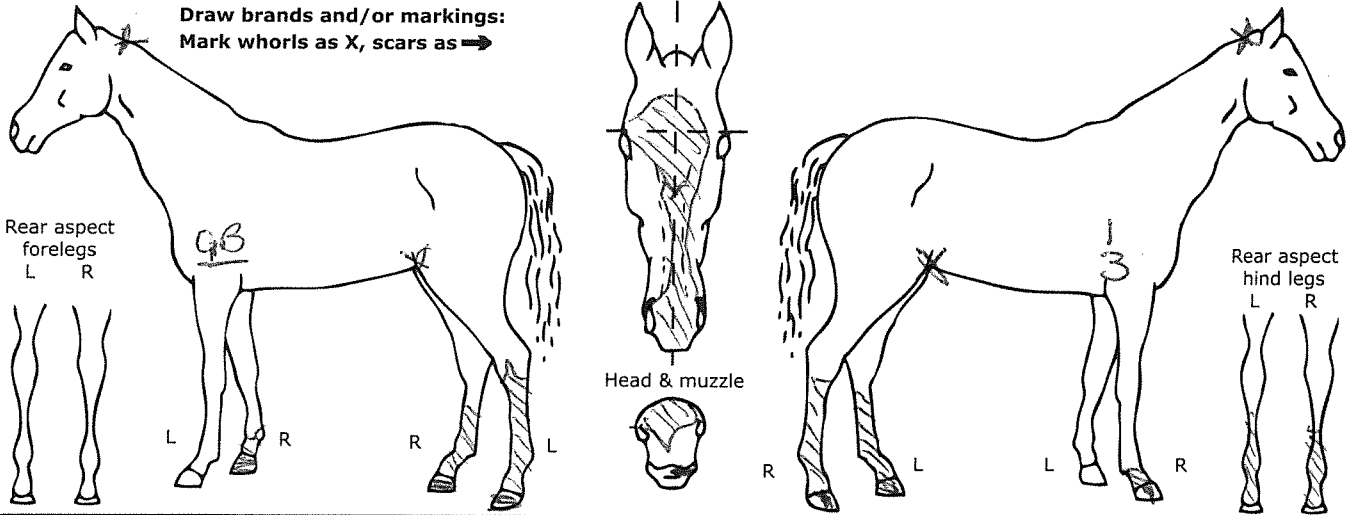
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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 EquiV[®] Vaccine or any other medication.

Animal presented as: ZUNBAQA		Age/DOB: 17/8/13
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 985100012028226
Owner (if known): B2B TB's.		Address (if known):
Person requesting examination:		Place of examination: B2B TB's



This mare was examined (please tick)

Under Sedation	<input type="checkbox"/>
Not Sedated	<input checked="" type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>

The mare was (please tick)

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

Reported last serve date

4/11/21

(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: WNL	Left:			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: WNL.	Right:			
Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL	Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL	U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL
Uterine Cysts	<input type="checkbox"/>	<input type="checkbox"/>		Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>		Vulva	Y	N	Details
	<input type="checkbox"/>	<input type="checkbox"/>		Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	
Cervix	Y	N	Details	Udder			
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WNL
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL.	Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WNL
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Comments	<input type="checkbox"/>	<input type="checkbox"/>					

Other comments

Date: 3.5.21	Signed: Noelle Baxter
Name (please print): NOELLE BAXTER	Place stamp/write address here: SYDNEY EQUINE CLINIC
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