



Equine Veterinarians Australia

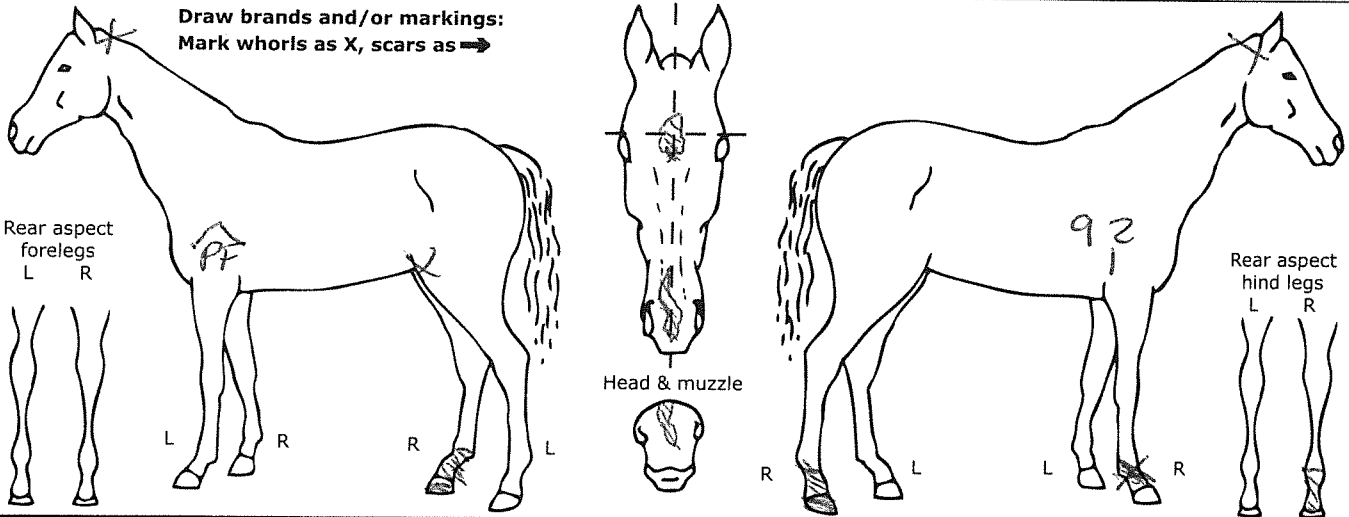
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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 EquiVacc or any other medication.

Animal presented as: FEELS LIKE HOME		Age/DOB: 940 09/09/11
(If unnamed) Sire: MORE THAN READY		Dam: DANEHILL SMILE
Breed: TB	Colour: BAY	Microchip No: 985100012013966
Owner (if known): B2B Thoroughbreds		Address (if known): B2B TB's
Person requesting examination:		Place of examination:



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input type="checkbox"/>	Pregnant	<input checked="" type="checkbox"/>	22/9/20
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input 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: 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 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 type="checkbox"/>		Visual Examination	<input type="checkbox"/>	<input type="checkbox"/>	WNL
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL	Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>	WNL
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>					
Comments	<input type="checkbox"/>	<input type="checkbox"/>					

Other comments

Date: 3.5.21.	Signed: Noelle J N Baxter
Name (please print): NOELLE BAXTER	Place stamp/write address here:
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