



Equine Veterinarians Australia

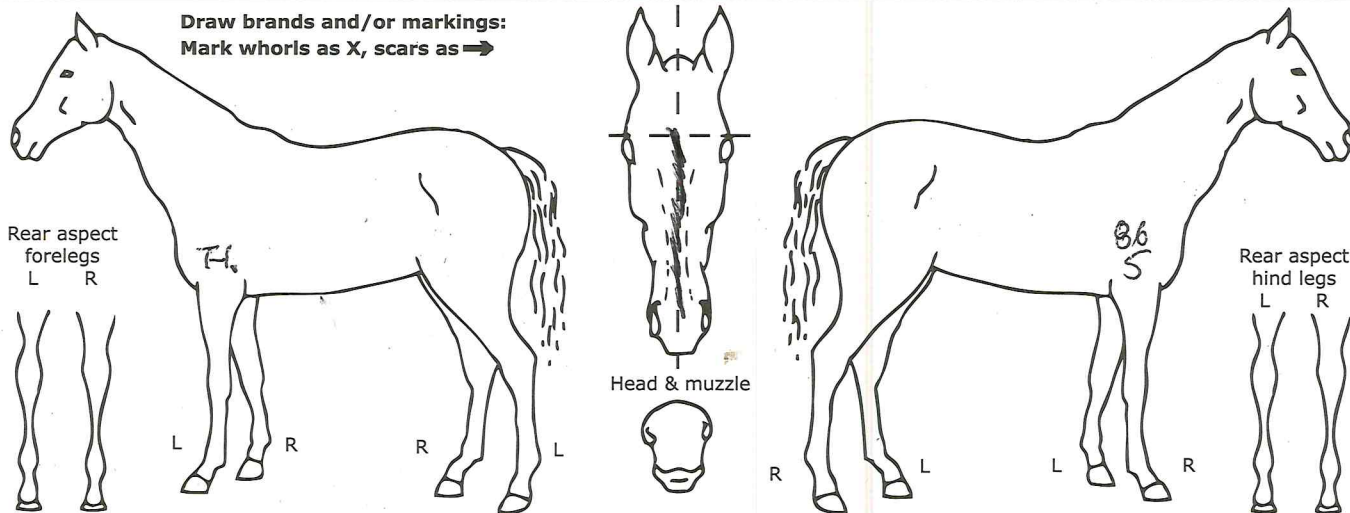
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: JOY DIVISION		Age/DOB:
(If unnamed) Sire:		Dam:
Breed: THB	Colour: Brown	Microchip No: 985 1000 1085 0569
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination:



This mare was examined (please tick)

The mare was (please tick)

Reported last serve date

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

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

13/09/2017

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

Other comments

Date: 23.03.2018	Signed: <i>B. Koney</i>
Name (please print):	Place stamp/write address here: 05589
Contact Number: 04 29658095	
AVA No: 26490	VPB No: N10788



Equine Veterinarians Australia

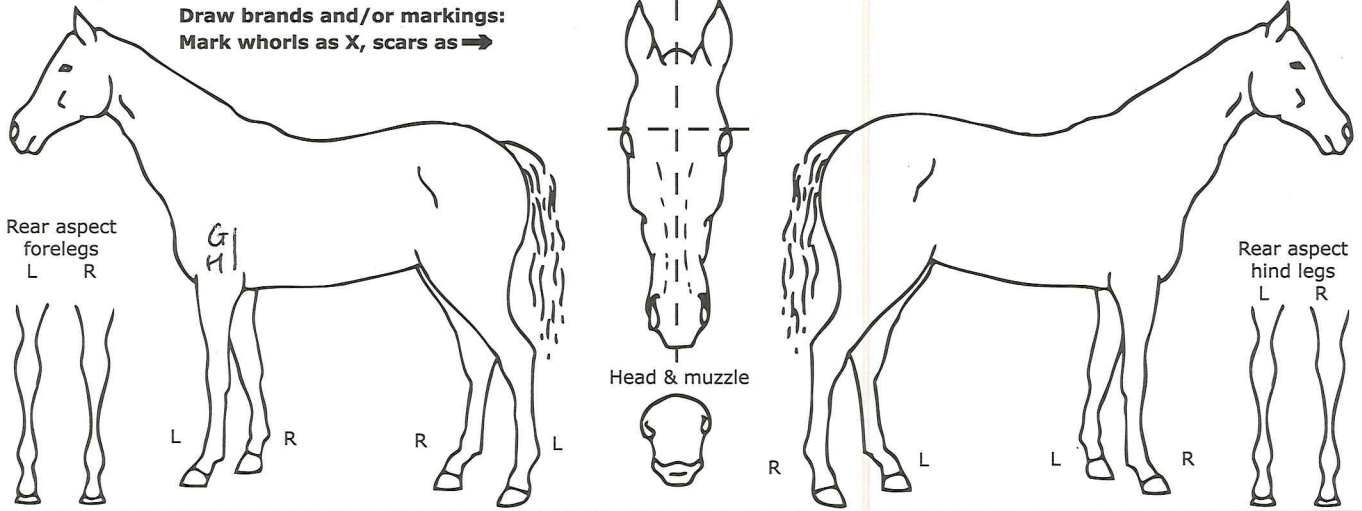
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VETERINARY REPORT ON BROODMARE FOR SALE

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Animal presented as: General Store		Age/DOB:
(If unnamed) Sire:		Dam:
Breed: TMB	Colour: Brown	Microchip No: 985 1000 10936 939
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination:



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

17/10/2017

(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:	Left:	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right:	Right:	

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

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

Vulva	Y	N	Details
Caslicked	<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

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

Udder
Visual Examination
Manual Examination

Other comments

Date: 23.03.2018	Signed: B. Moloney
Name (please print): BREONN MOLOONEY	Place stamp/write address here: 05590
Contact Number: 0429658095	
AVA No: 26490	VPB No: N10788