



Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 038 522 802

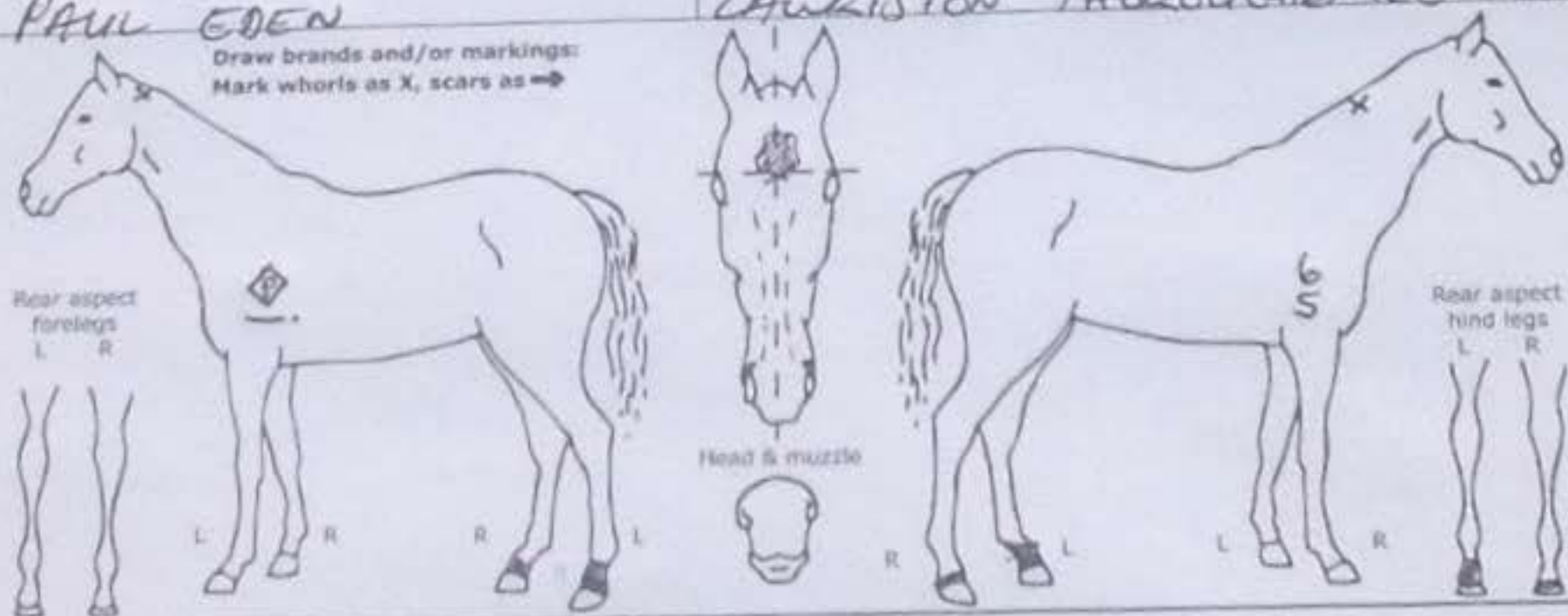


VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVet® Vaccine or any other medication.

Animal presented as: Saratoga		Age/DOB: 12 YRS
(If unnamed) Sire:		Dam:
Breed: THOROUGHBRED	Colour: BROWN	Microchip No: 985100010893695
Owner (if known): K+T O'BRIEN	Address (if known): 540 AGARS RD, CORINELLA	
Person requesting examination: PAUL EDEN	Place of examination: LAWRISTON THOROUGHBRED FARM	

Draw brands and/or markings:
Mark whorls as X, scars as →



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination		
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>		Hendra (HeV)	Y/N	Date
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus	Y	FEB 18
Other Physical Restraint	<input type="checkbox"/>				Strangles	Y	FEB 18
					EHV-1.4	Y	FEB 18

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			LEFT 4.25cm	1.4cm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			RIGHT 4.45cm	1.45cm	CL R ovary

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
Uterine Cysts?		<input checked="" type="checkbox"/>	
Uterine Fluid?		<input checked="" type="checkbox"/>	
Comments:			

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments: Previously caslicked			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:			

Other comments

Date: 19.4.18	Signed: [Signature]
Name (please print): SOPHIE ELPHICK	Place stamp/write address here:
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