



Equine Veterinarians Australia

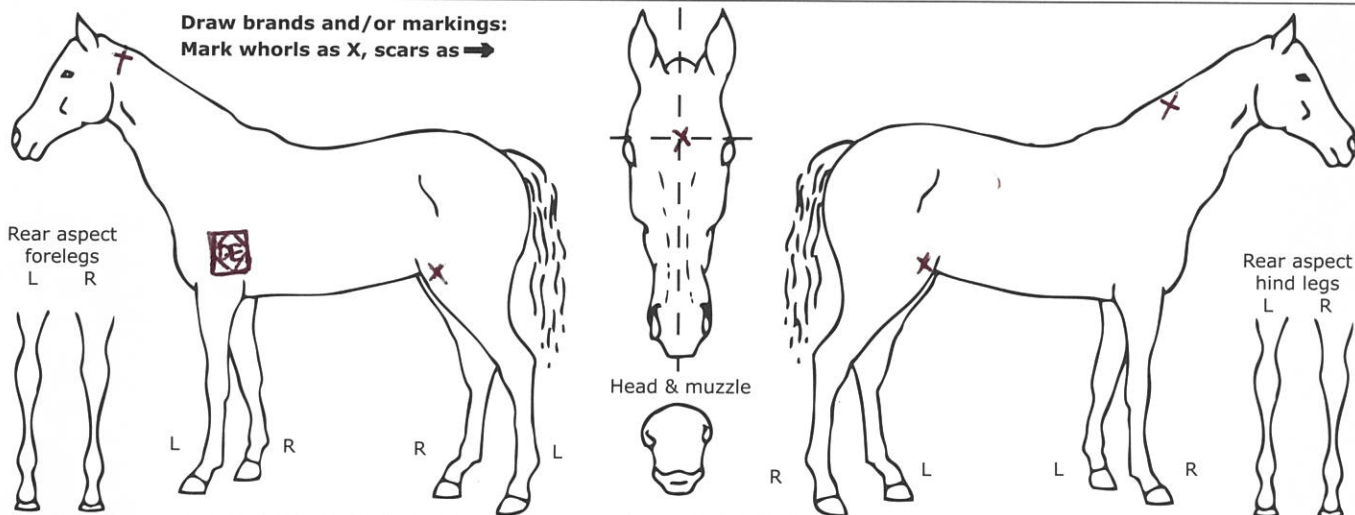
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852

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: SIENNA'S FURY		Age/DOB: 2005
(If unnamed) Sire: GENERAL NEDIUM		Dam: ROCKET ROSE
Breed: Moroughbred.	Colour: BAY	Microchip No: 985100010853593
Owner (if known):		Address (if known):
Person requesting examination: OWNERS		Place of examination: RIVERSDALE FARM



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

Reported last serve date

2016 SEASON (NOT SERVED IN 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 type="checkbox"/>	<input type="checkbox"/>	Left: 50 x 50 mm	Left: 5 mm	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: 52 x 59 mm	Right: 10 mm + 2 x Corpus lutea	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	RH - 7 mm LH - 5 mm
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

Udder	
Visual Examination	<input checked="" type="checkbox"/> (WNL)
Manual Examination	

Other comments

Date: 24/04/2018	Signed:
Name (please print): CANDICE MASSINGHAM	Place stamp/write address here: Scone Equine Hospital 11496
Contact Number: 65451333	106 Liverpool St
AVA No: 18139	Scone NSW 2337
VPB No: 8239	