



Equine Veterinarians Australia

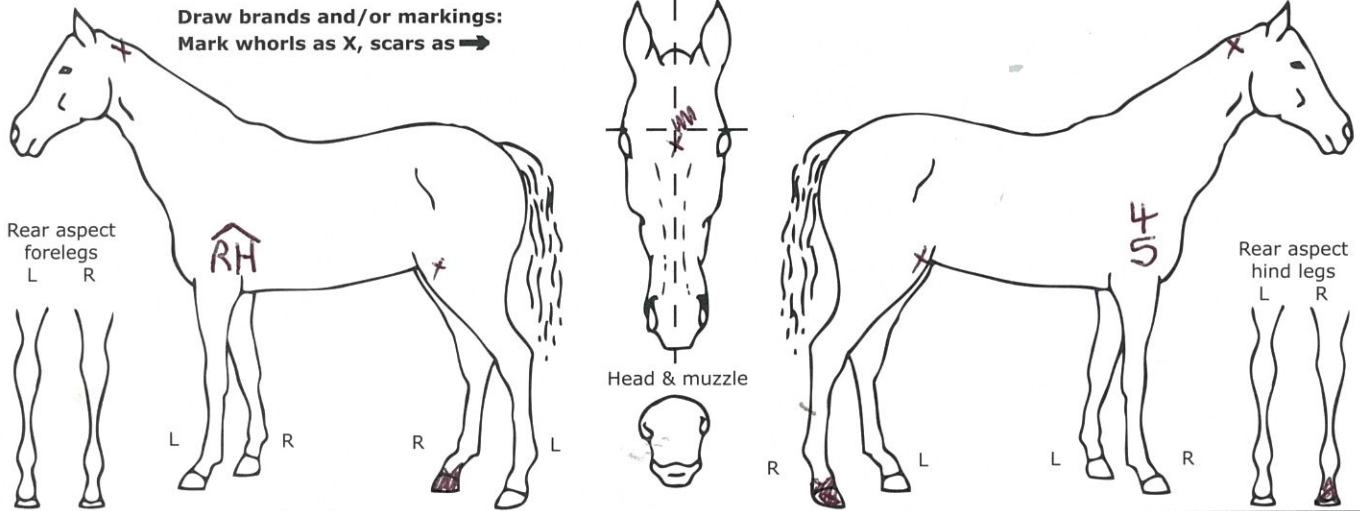
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: CAWM CUSTOMER.		Age/DOB: 2005
(If unnamed) Sire:		Dam:
Breed: THOROUGHBRED Colour: BAY	Microchip No: 985125000004111	
Owner (if known):	Address (if known):	
Person requesting examination: OWNERS	Place of examination: RIVERDALE FARM	



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	19/11/2017
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	Left: 46 x 47mm	Left: <10mm + CL	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: 46 x 48mm	Right: 10mm	
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"/>	9mm + 5mm left HOVA.		
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"/>			
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"/>			
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"/>	<input type="checkbox"/>			
Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>			

Other comments

NO SIGNIFICANT ABNORMALITIES FOUND ON EXAMINATION.

Date: 21/05/2018	Signed:
Name (please print): CANDICE MASSINGHAM	Place stamp/write address here: 10962
Contact Number: 0265451333	Scone Equine Hospital
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