



Equine Veterinarians Australia

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

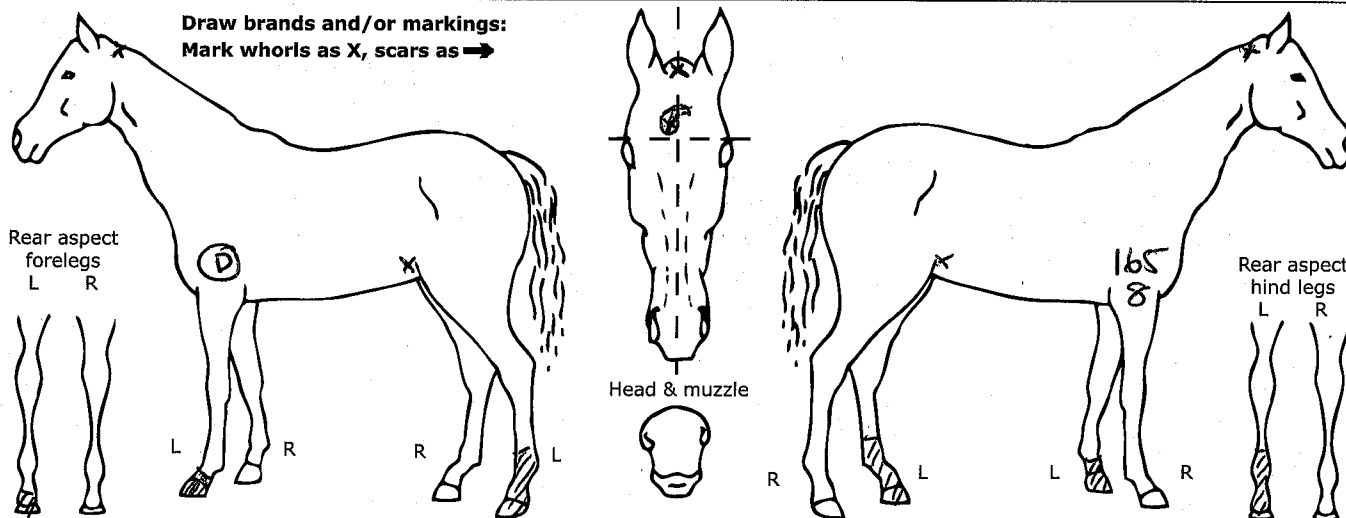


VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVet® Vaccine or any other medication.

Animal presented as: AMALIE		Age/DOB: 2008
(If unnamed) Sire:		Dam:
Breed: TBred	Colour: BAY	Microchip No: 98S100010933263
Owner (if known): Arrowfield		Address (if known): BBox 445 Scone 2337
Person requesting examination: J Brien		Place of examination: Twin Hills Stud Cootamundra

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



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

26/10/2017

(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 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: 18/6/2018	Signed:
Name (please print): Yvette Cameron	Place stamp/write address here: 08438
Contact Number: 0269422033	COOTAMUNDRA VETERINARY CLINIC
AVA No: 9104	63 MURRAY ST
VPB No: N6042	COOTAMUNDRA NSW 2590
	PH: 02 6942 2033