



Equine Veterinarians Australia

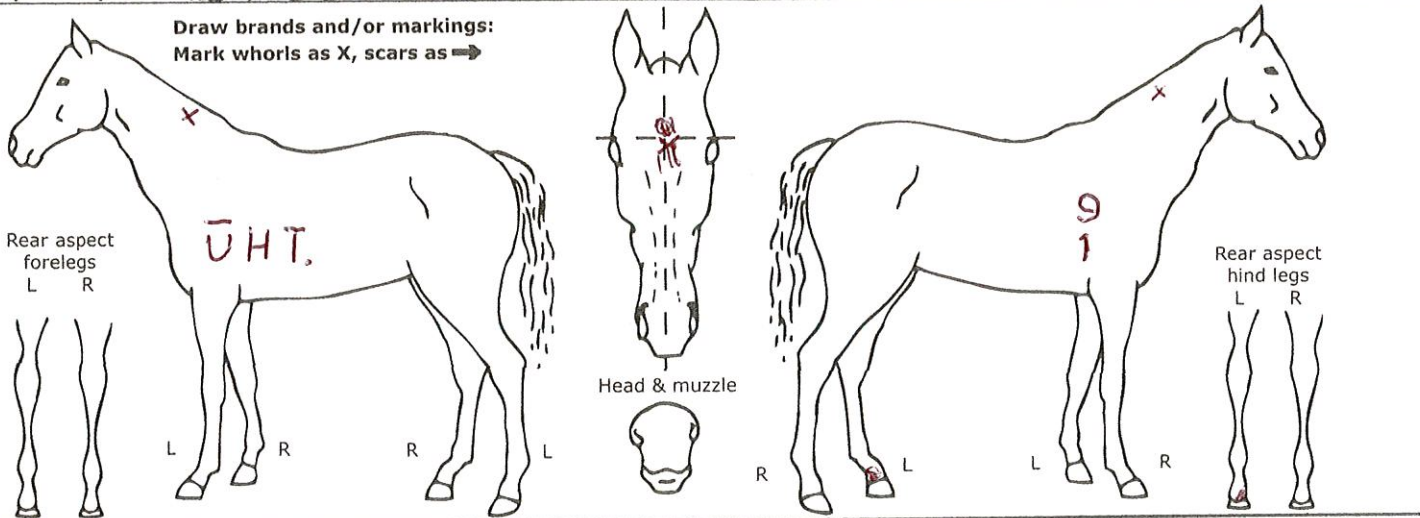
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852

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 EquiVacc® Vaccine or any other medication.

Animal presented as: VICTORY GRAND		Age/DOB: 2011
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 985100012000587
Owner (if known): BADDOCK Bstock / TB REPS		Address (if known): MUDGE E NSW
Person requesting examination: MR. A. BADDOCK		Place of examination: GOOREE



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	
Not Sedated	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 6cm	Left: 2.5cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 4cm	Right: 2cm	

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 type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			

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

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

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

Udder	
Visual Examination	NORMAL
Manual Examination	NORMAL

Other comments

Date: 20-8-2018	Signed:
Name (please print): D. PARRY-OKEEFE	Place stamp/write address here:
Contact Number: 0428100671	CHURCH ST. VET HOSPITAL
AVA No: 7824	138 CHURCH ST
VPB No: 1356	MUDGE E NSW 2850