



Equine Veterinarians Australia

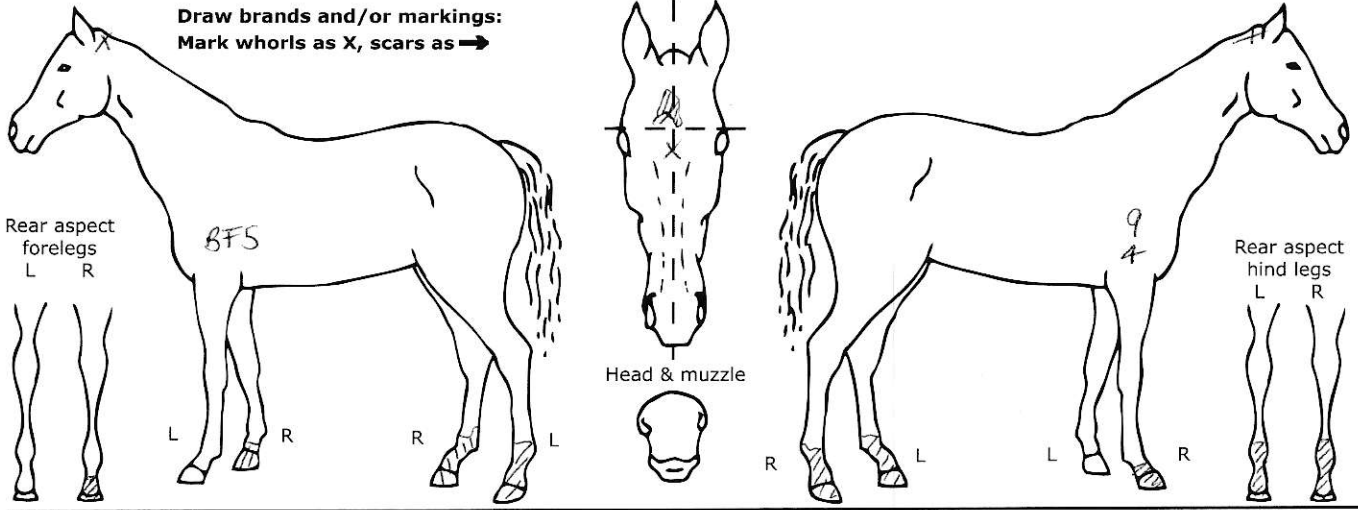
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: TRUMP FEELING		Age/DOB: 26.09.14
(If unnamed) Sire:		Dam:
Breed: TB	Colour: CHESTNUT	Microchip No: 985100012046399
Owner (if known): RUFAN MASTON A. CHON	Address (if known):	
Person requesting examination: MRS KELLEY	Place of examination: BASINGHALL	



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"/>	N/A (MARE)
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: 6.5cm x 5cm	Left: 4.6cm x 4.2cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 5.2cm x 4cm	Right: 1.5cm x 1.5cm	
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			in season		
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"/>	Cervix grade 3/3 in Season		
Comments					
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					
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Udder	Details				
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		

Other comments

Date: 5.9.18	Signed: [Signature]
Name (please print): KATIE WILCOX	Place stamp/write address here:
Contact Number: 0429815596	AVENEL EQUINE HOSPITAL
AVA No: 21517	PO BOX 74,
VPB No: V8369	AVENEL VIC 3664
	Ph: (03) 5796 2468

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