



# Equine Veterinarians Australia

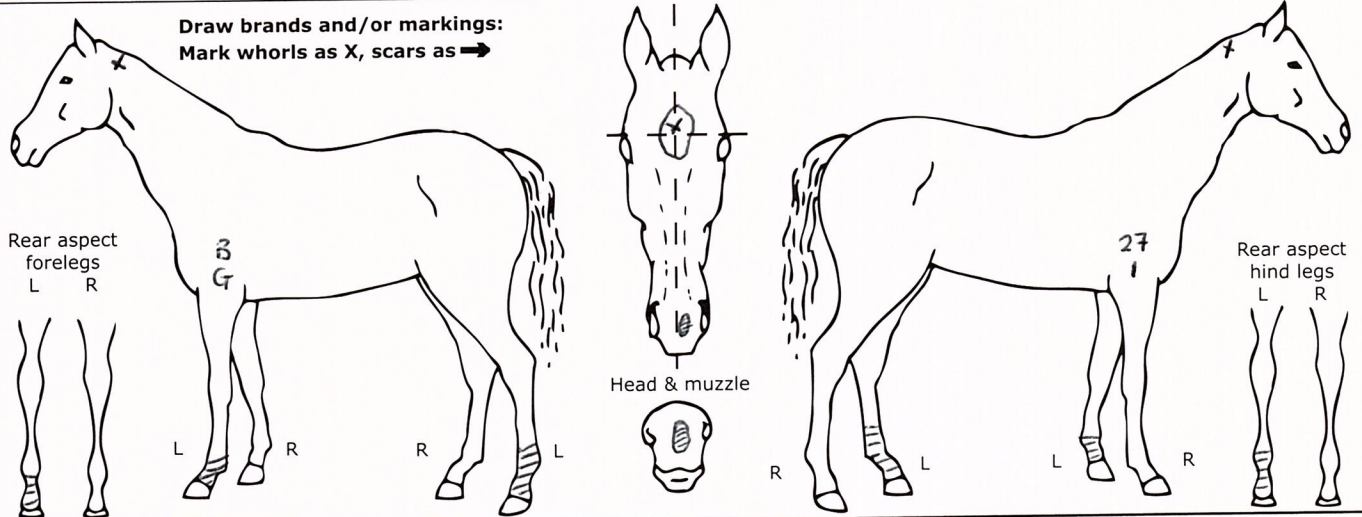
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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: <b>Sagacious Miss</b>		Age/DOB: <b>7yo</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>Chestnut</b>	Microchip No:
Owner (if known):		Address (if known):
Person requesting examination: <b>Dr Hannel</b>		Place of examination: <b>Warrendale</b>



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

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(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: <b>msf</b>	Left: <b>msf</b>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>msf</b>	Right: <b>24</b>	

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			

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

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

Udder
Visual Examination <b>WNL</b>
Manual Examination

Other comments

Date: **21.09.18**

Name (please print): **Selena Ayling**

Contact Number: **08 544 0319**

Signed: **S. Rym**

Place stamp/write address here:

Scenic Rim Veterinary Service Pty Ltd  
2000-2004 Bay St, Gungahlin, ACT 2900

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