



Equine Veterinarians Australia

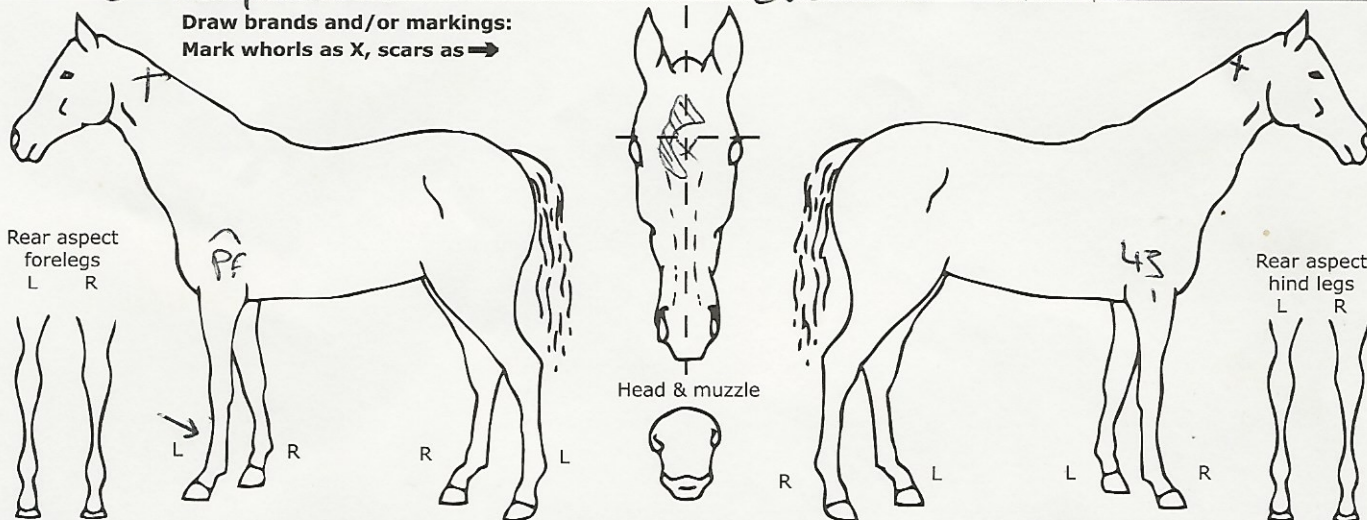
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: Pronto Bella		Age/DOB: 2011
(If unnamed) Sire:		Dam:
Breed: TB	Colour: Bay	Microchip No: 9851 0001 2502 636
Owner (if known): GR		Address (if known): AVOCA, NSW
Person requesting examination: OWNER/INGLIS		Place of examination: SILVERDALE FARM



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

17/09/18

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

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input type="checkbox"/>	<input type="checkbox"/>		Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	WNL
Comments	<input type="checkbox"/>	<input type="checkbox"/>					

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

Udder	Y	N	Details
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL

Other comments

Date: 21/01/2019	Signed:
Name (please print): DR MARIA DIAZ	Place stamp/write address: SHREE Pty Ltd
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