



# Equine Veterinarians Australia

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

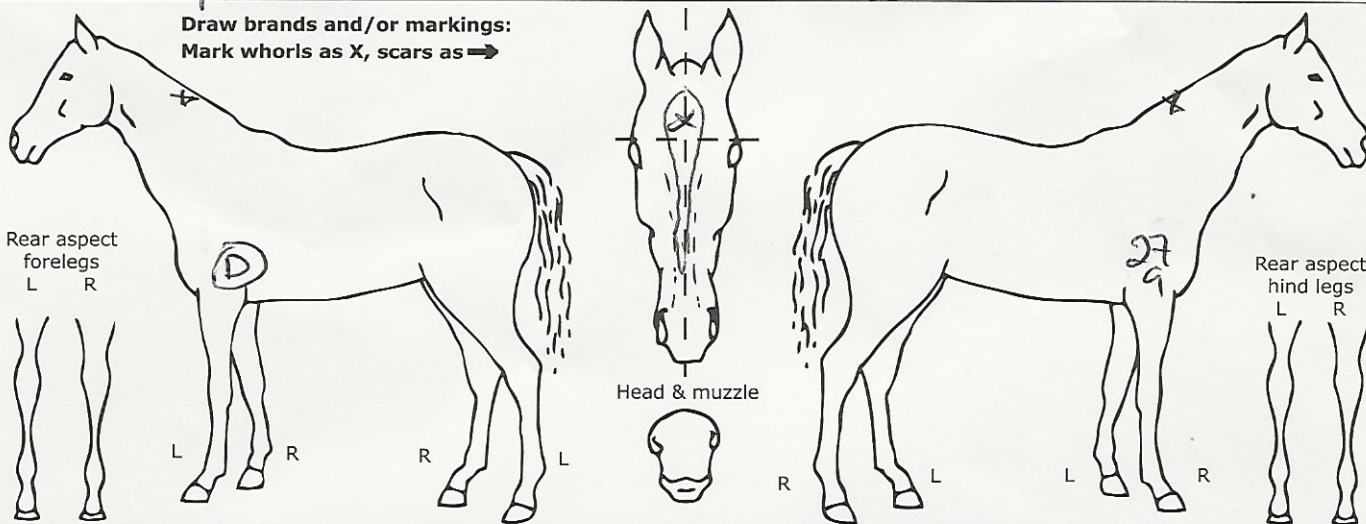


## VETERINARY REPORT ON BROODMARE FOR SALE

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>CAVES</b>		Age/DOB: <b>2009</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>BAY</b>	Microchip No: <b>9851 0001 0951 490</b>
Owner (if known): <b>AB</b>		Address (if known): <b>AUOCA, NSW</b>
Person requesting examination: <b>OWNER/INGLIS</b>		Place of examination: <b>SILVERDALE</b>

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

**24th Sep 2018**

(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 type="checkbox"/>	<input checked="" type="checkbox"/>	Right:	Right:	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input checked="" 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"/>			
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 type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
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 type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<b>WNL</b>		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder	Details				
Visual Examination	<b>WNL</b>				
Manual Examination	<b>WNL</b>				

Other comments

Date: <b>21/01/2019</b>	Signed:
Name (please print): <b>Dr MARIA DIAZ</b>	Place stamp/write address here: <b>SHEC Pty Ltd 08395</b>
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