



Equine Veterinarians Australia

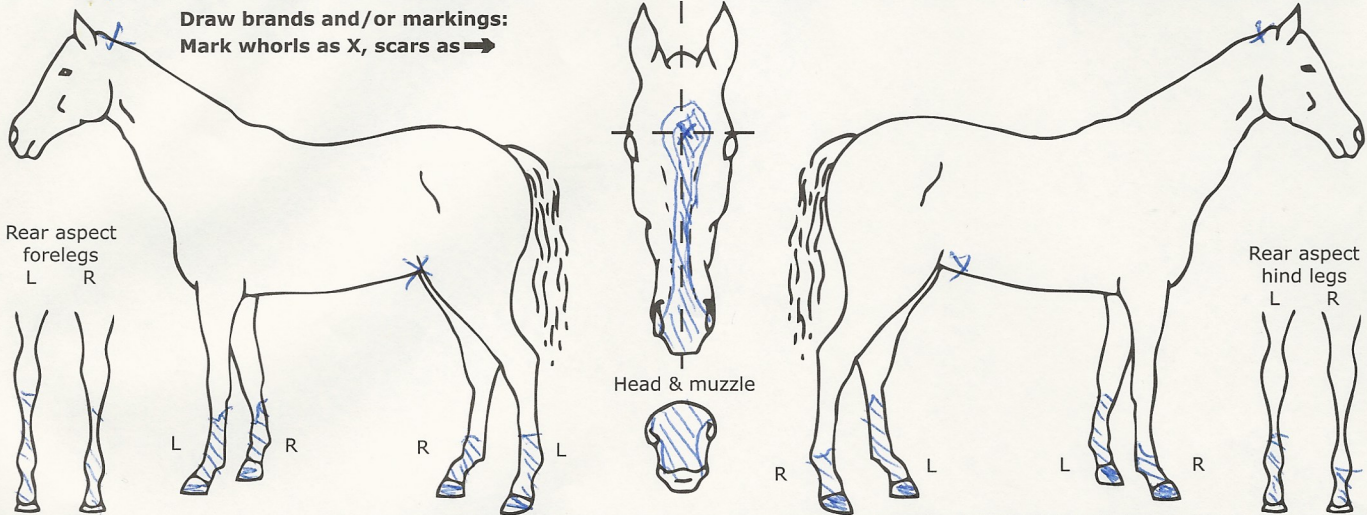
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: SEKALI		Age/DOB: 2014
(If unnamed) Sire:		Dam:
Breed: TB.	Colour: CHESTNUT	Microchip No: 985 100012053592
Owner (if known): S. GRANT.		Address (if known):
Person requesting examination: GRANT BLOODSTOCK		Place of examination: SILVERDALE STUD, SHEEPWASH ROAD.



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: 4 cm	Left: 5 mm	Anoestrus
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 5 cm	Right: 10 mm.	"
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"/>	Grade 2 oedema.		
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trace		
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	N.A.D.		
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	<input type="checkbox"/>	<input type="checkbox"/>	N.A.D.		
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder	Y	N	Details		
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>			

Other comments

Date: 8.7.19.	Signed: Noelle for Baxter
Name (please print): NOELLE BAXTER	Place stamp/write address: FLEMINGTON EQUINE CLINIC PTY LTD
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