



# 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 EquiV@ Vaccine or any other medication.

Animal presented as: **BELLA JEWEL** Age/DOB: **15 YO.**

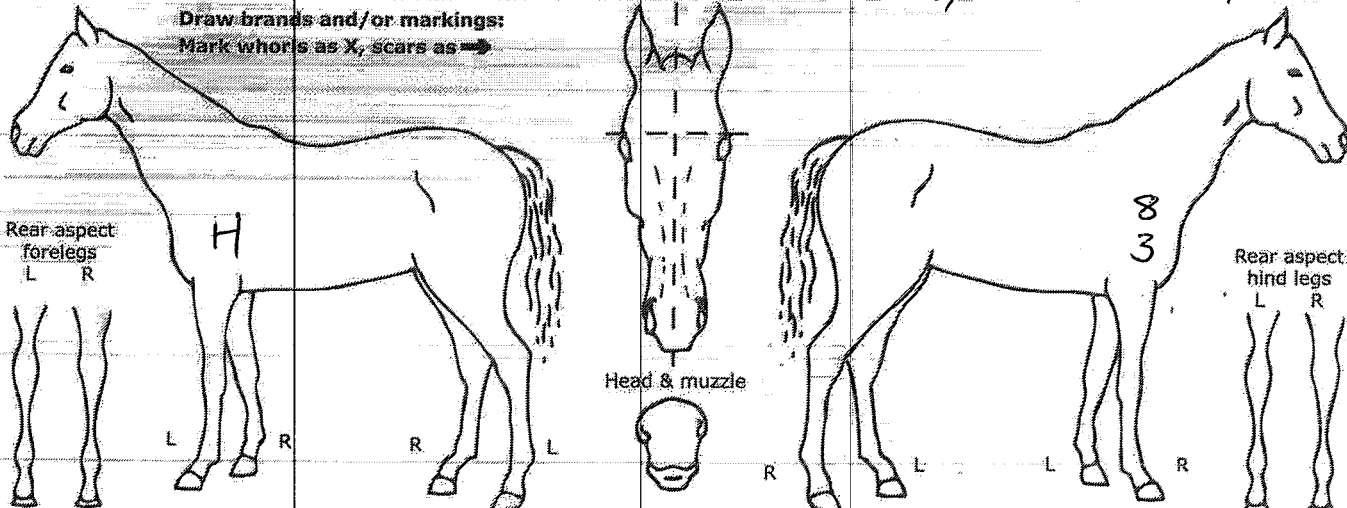
(If unnamed) Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Breed: **T-BRED** Colour: **CHESTNUT** Microchip No: **985100010790304**

Owner (if known): \_\_\_\_\_ Address (if known): \_\_\_\_\_

Person requesting examination: **T. HIRSTON** Place of examination: **THREE BRIDGES, EDDINGTON, SA**

Draw brands and/or markings:  
Mark wholes 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 type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

Reported last serve date: \_\_\_\_\_

(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 checked="" type="checkbox"/>	Left: <b>3 x 2.8 cm</b>	Left: <b>1.5 x 1.6</b>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>2.8 x 3.2 cm</b>	Right: <b>1.8 x 1.2</b>	

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 checked="" type="checkbox"/>		Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>			<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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

Other comments: \_\_\_\_\_

Date: **18/7/2019** Signed: \_\_\_\_\_

Name (please print): **T. HIRSTON** Place signed: **WINDYBUSH EQUINE CLINIC PTY LTD | 12226**