



# Equine Veterinarians Australia

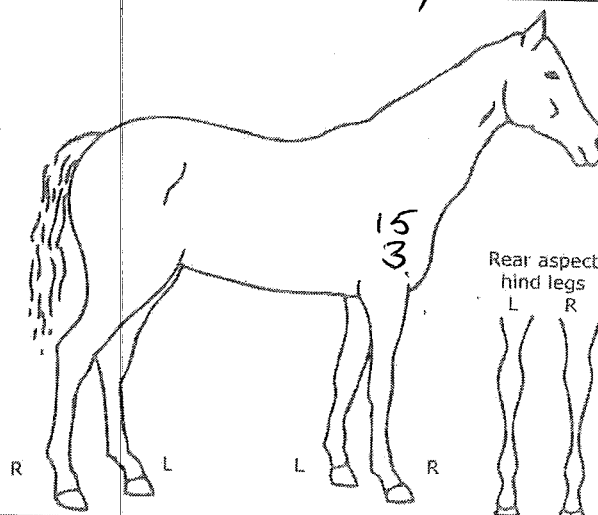
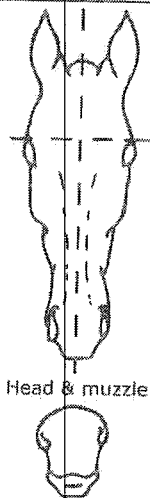
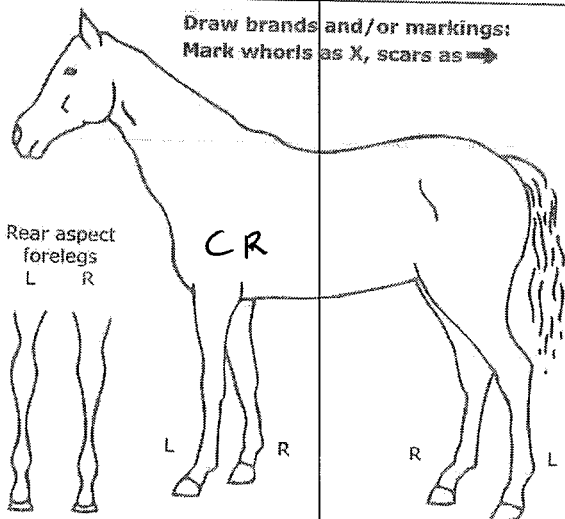
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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 EquiVet® Vaccine or any other medication.

Animal presented as: <b>MISS EXPENSIVE</b>		Age/DOB: <b>5Y0</b>	
(If unnamed) Sire:		Dam:	
Breed: <b>T-BRED</b>	Colour: <b>CHESTNUT</b>	Microchip No: <b>985100012033342</b>	
Owner (if known):		Address (if known):	
Person requesting examination: <b>T. LISTON</b>		Place of examination: <b>THREE BRIDGES, EDDINGTON, VIC</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

(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>3.8 x 3 cm.</b>	Left: <b>1.4 x 1.6</b>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right:	<b>2.9 x 3.3 cm.</b>	Right: <b>1.9 x 1.1.</b>	

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

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

Other comments

Date:

**18/9/19**

Signed:

**[Signature]**