



Equine Veterinarians Australia

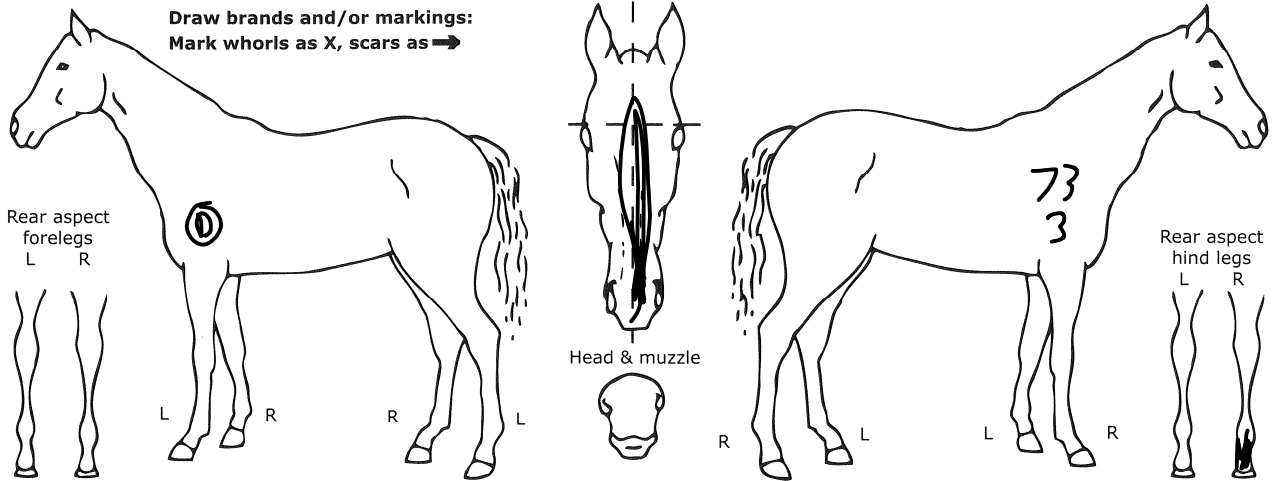
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: PEKANS		Age/DOB: 3
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 985100012030314
Owner (if known):		Address (if known):
Person requesting examination: JAMIE LOVETT		Place of examination: SALOMINA PARK WYONG CREEK



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>	
Other Physical Restraint	<input type="checkbox"/>			

(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: ~ 3cm x 3cm	Left: ≤ 2cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: ~ 3cm x 3cm	Right: ≤ 2cm	
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"/>			
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			NAD		
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			NAD		
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			NAD		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			NAD		
Udder					
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		

Other comments

Date: 31/7/19	Signed:
Name (please print): BRETT JONES	Place stamp/write address here:
Contact Number: 0419 299992	Wyong Equine Clinic PO Box 520 Wyong 2259 0418 299 938
AVA No: 5194	