



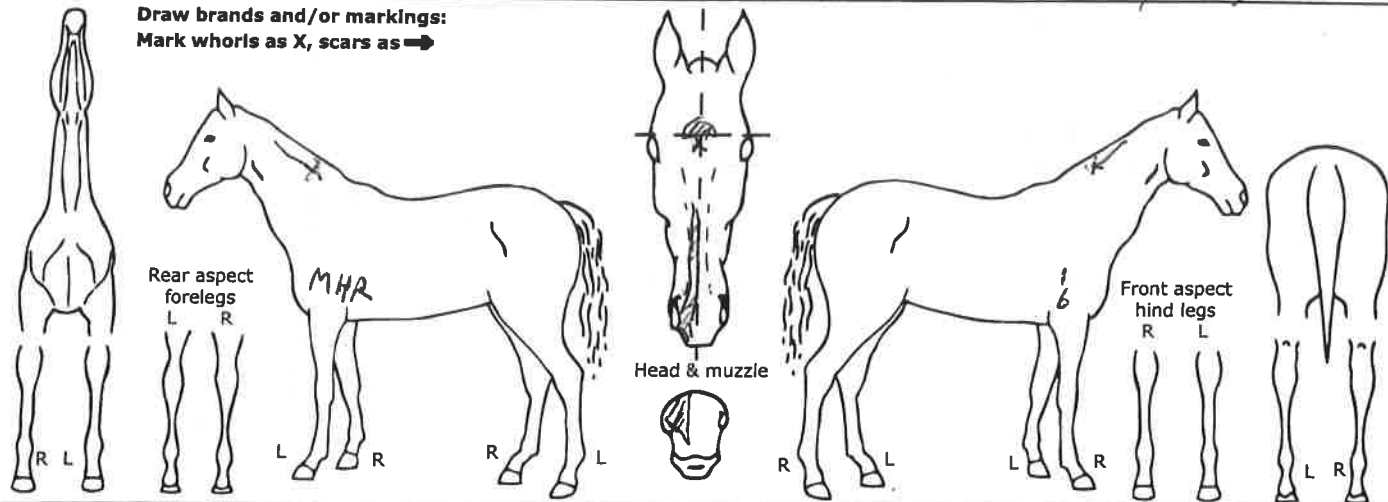
# Equine Veterinarians Australia

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

## VETERINARY REPORT ON BROODMARE FOR SALE



Animal presented as: <b>CAROLAN</b>		Age/DOB: <b>2006</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>Brown</b>	Microchip No: <b>9951000 1090 1892</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>A. McDonald</b>		Place of examination: <b>HIGH POINT LODGE, MOYHU</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 checked="" type="checkbox"/>
Not Pregnant	<input type="checkbox"/>

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions	Largest Follicles Diameter	Comments
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right		

Uterus	Y	N	Details
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Vagina	Y	N	Details
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Vulva	Y	N	Details
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Udder	Y	N	Details
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Other relevant clinical abnormalities:**

**Note:** This examination is limited to an assessment of the above specified matters 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 EquiVax® Vaccine or any other medication.

Date: <b>7/8/19</b>	Signed: <b>[Signature]</b>
Name (please print): <b>ANDREW DEET</b>	Place stamp/write address here:
Contact Number:	<b>Warby Street Veterinary Hospital</b>
AVA No: <b>5515</b>	<b>32 Warby Street Wangaratta, 3677</b>
VPB No: <b>4041</b>	<b>PH: 5721 7177</b>