



Equine Veterinarians Australia

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

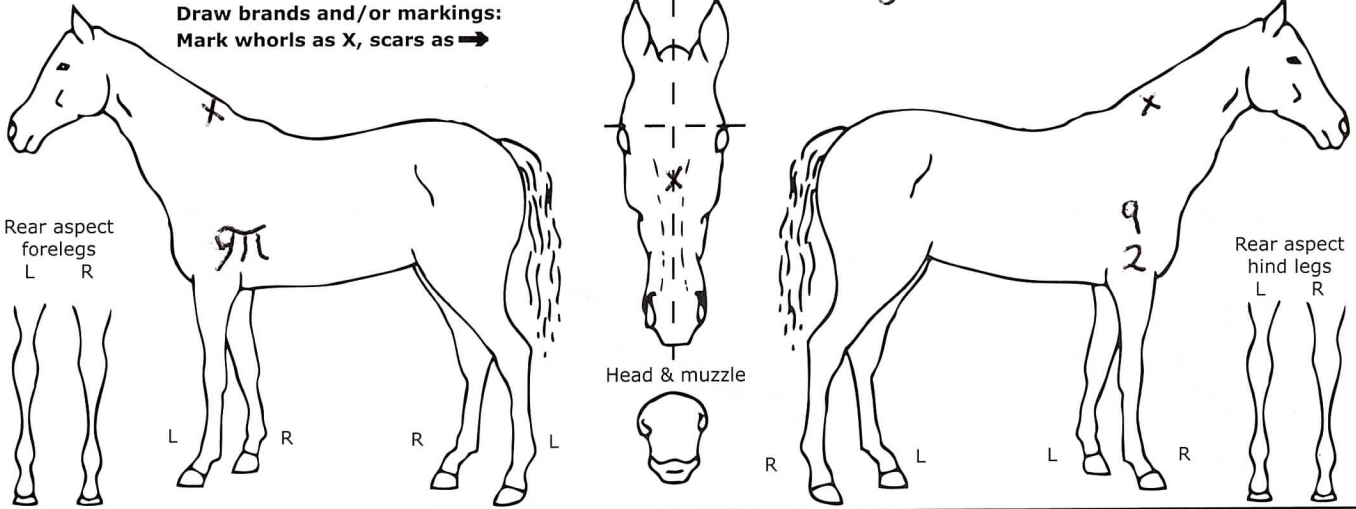


VETERINARY REPORT ON BROODMARE FOR SALE

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: Tipsy Express | | Age/DOB: 2012 |
| (If unnamed) Sire: | | Dam: |
| Breed: T1B | Colour: Bay | Microchip No: 985100012018539 |
| Owner (if known): | | Address (if known): |
| Person requesting examination: A. Hush | | Place of examination: Daveli Thoroughbreds, NSW |

Draw brands and/or markings:
Mark whorls 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 checked="" 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 type="checkbox"/> | Left: 4cm x 4cm | Left: 10mm x 10mm | CL |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Right: 3.4cm x 3cm | Right: < 10mm | CL |
| 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 | | | | | |
| 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"/> | consistent with diastrus cervix | | |
| Comments | | | | | |
| 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 | | | | | |
| Vulva | Y | N | Details | | |
| Caslicked | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Comments | | | | | |
| Udder | Details | | | | |
| Visual Examination | normal | | | | |
| Manual Examination | normal | | | | |

Other comments

No abnormalities detected.

| | |
|---|--|
| Date: 4/6/2020 | Signed: Mr. Baltussen |
| Name (please print): Madalen Baltussen | Place stamp/write address here: HUNTER EQUINE VET 11796 |
| Contact Number: 0417880517 | 106 MACQUARIE ST MERRITHONG NSW 2291 |
| AVA No: 9211 | VPB No: N9591 |