



Equine Veterinarians Australia

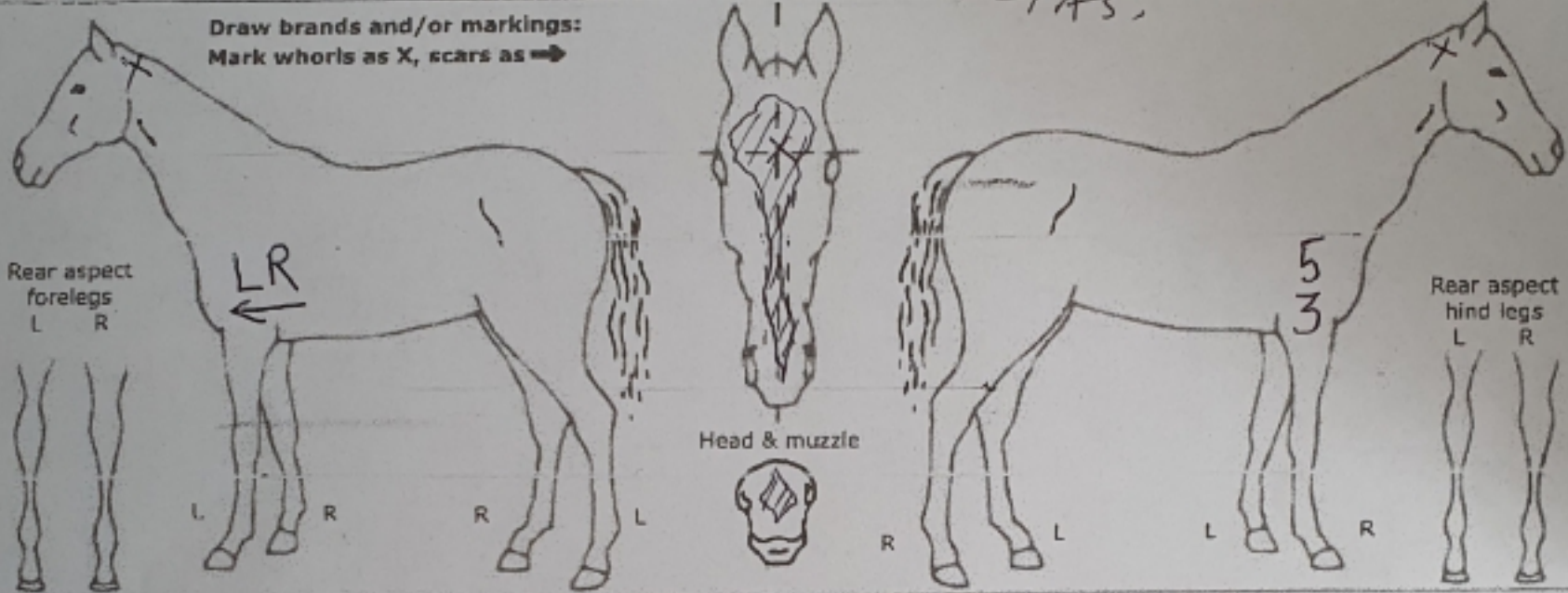
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 327 852



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 EquiVax Vaccine or any other medication.

Animal presented as: I REMEMBER YOU		Age/DOB: 7 YR
(If unnamed) Sire:		Dam:
Breed: TB	Colour: CHESTNUT	Microchip No: 985100012033622
Owner (if known):	Address (if known):	
Person requesting examination:	Place of examination: BRUNTON RACING, SEVEN MILE BEACH TAS.	



This mare was examined (please tick)

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input 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 type="checkbox"/>	Left: 55mm x 32mm	Left: 10mm	CURRENTLY IN SEASON
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 80mm x 60mm	Right: 35mm	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GRADE 2 FOLDING		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO VISUAL ABNORMALITIES		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vulva	Y	N	Details		
Claslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STITCHED HALF WAY		
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder	Details				
Visual Examination	NO VISIBLE ABNORMALITIES				
Manual Examination	N/A				

Other comments

Date: 01/10/2020	Signed:
Name (please print): DR. EWAN MASKER	Place stamp and write address here:
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