



Equine Veterinarians Australia

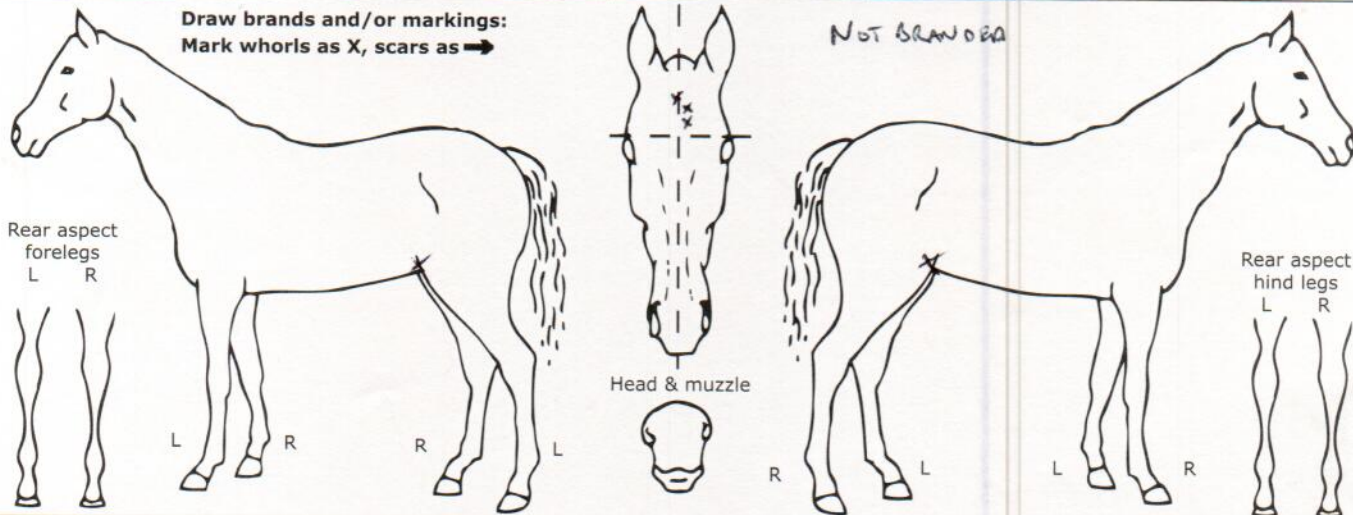
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: OUR MADISON		Age/DOB: 2003
(If unnamed) Sire:		Dam:
Breed: TR	Colour: GREY	Microchip No: NOT checked
Owner (if known):		Address (if known):
Person requesting examination: OWNER		Place of examination: CROWN WESTONE



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"/>

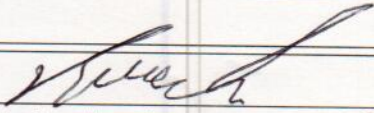
Reported last serve date

(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 type="checkbox"/>	<input type="checkbox"/>	Left: 3.2cm x 4cm	Left: 1.5cm	NAD		
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: 3.6cm x 3cm	Right: 1cm	NAD		
Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<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"/>		Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Small pocket (1cm) at bifurcation	Comments	<input type="checkbox"/>	<input type="checkbox"/>	NAD
Comments	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Cervix	Y	N	Details	Vulva	Y	N	Details
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Udder	Y	N	Details	Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAD
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAD
Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

Other comments

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Date: 19/5/17	Signed: 
Name (please print): R. MCLENNAN	Place stamp/write address here: 07708
Contact Number: 02 65451522	
AVA No: 8155	VPB No: 8155