



Equine Veterinarians Australia

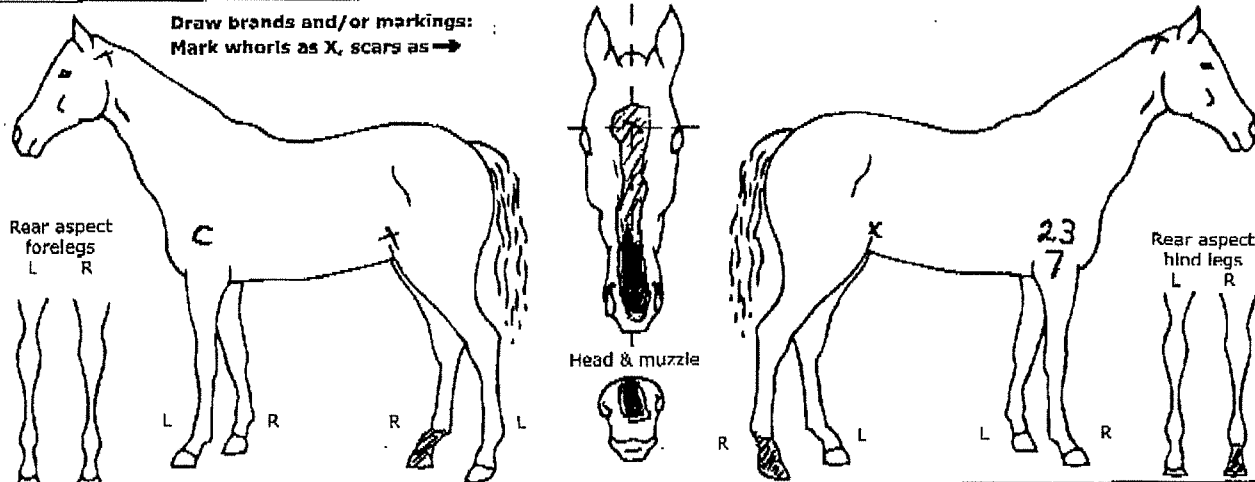
A Special Interest Group of the Australian Veterinary Association Ltd, ARN 63 008 522 852



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 EquiVet Vaccine or any other medication.

Animal presented as: ZABERE		Age/DOB: 20-11-1997	
(If unnamed) Sire: DEHERE (USA)		Dam: ZABERI (NZ)	
Breed: T'BRED	Colour: Bay	Microchip No: N/A	
Owner (if known): VIEIRA GROUP P/L		Address (if known):	
Person requesting examination: MR J NORTH		Place of examination: BOWNESS STUD	



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"/>

Reported last serve date

24-9-2016

(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:	Left:	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right:	Right:	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input type="checkbox"/>	<input type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vulva	Y	N	Details		
Clasified	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder					
Visual Examination	NORMAL				
Manual Examination					

Other comments

Date: 24-5-2017	Signed: [Signature]
Name (please print): A J NORTH	Place stamp/write address here: 06648
Contact Number: 02 69422083	COOTAMUNDRA VETERINARY CLINIC
AVA No: 639	63 MURRAY ST
VPB No: N1511	COOTAMUNDRA NSW 2590
	PH: 02 6942 2033