



## Equine Veterinarians Australia

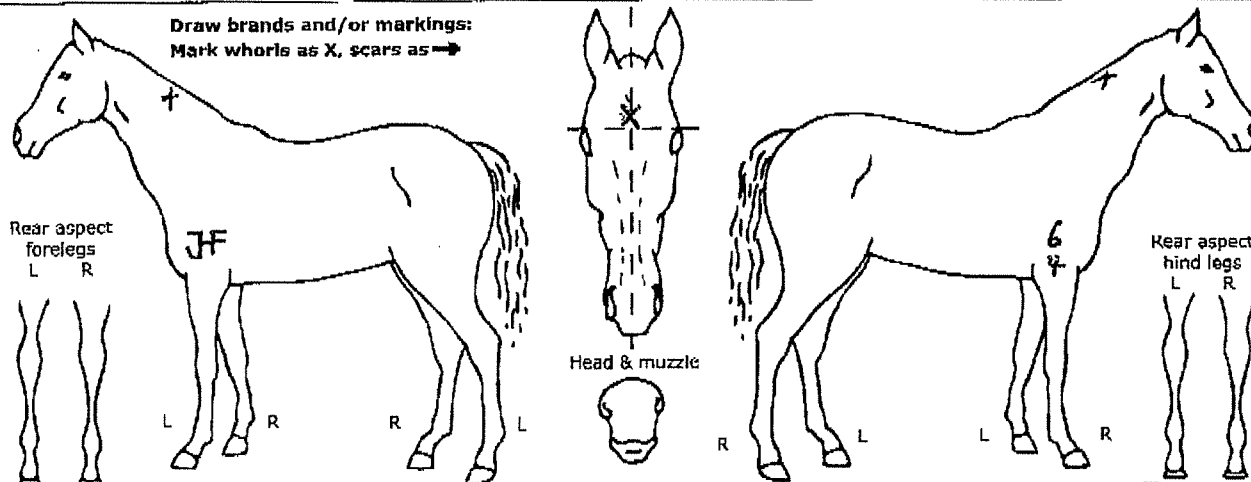
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852

## 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: <b>MEZMAR</b>		Age/DOB: <b>30-8-2004</b>
(If unnamed) Sire: <b>MARWINA</b>	Dam: <b>MEZDORF</b>	
Breed: <b>T'BRED</b>	Colour: <b>BROWN</b>	Microchip No: <b>985100010823696</b>
Owner (if known): <b>BOWNESS STUD</b>	Address (if known):	
Person requesting examination: <b>MR J. NORTH</b>	Place of examination: <b>BOWNESS STUD</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"/>

Reported last serve date

**3-10-2016**

(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	Vagina	Y	N	Details
Manual Examination per Rectum	<input type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>		U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input type="checkbox"/>	<input type="checkbox"/>		Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	
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 type="checkbox"/>		Castlicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Examination per Speculum	<input type="checkbox"/>	<input 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"/>	<b>NORMAL</b>
Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>	

Other comments

Date: <b>24-5-2017</b>	Signed:
Name (please print): <b>P J North</b>	Place stamp/write address here: <b>07852</b>
Contact Number: <b>02 69422033</b>	<b>COOTAMUNDRA VETERINARY CLINIC</b>
AVA No: <b>639</b>	<b>63 MURRAY ST</b>
VPB No: <b>N1511</b>	<b>COOTAMUNDRA NSW 2590</b>
	<b>PH: 02 6942 2033</b>