



Equine Veterinarians Australia

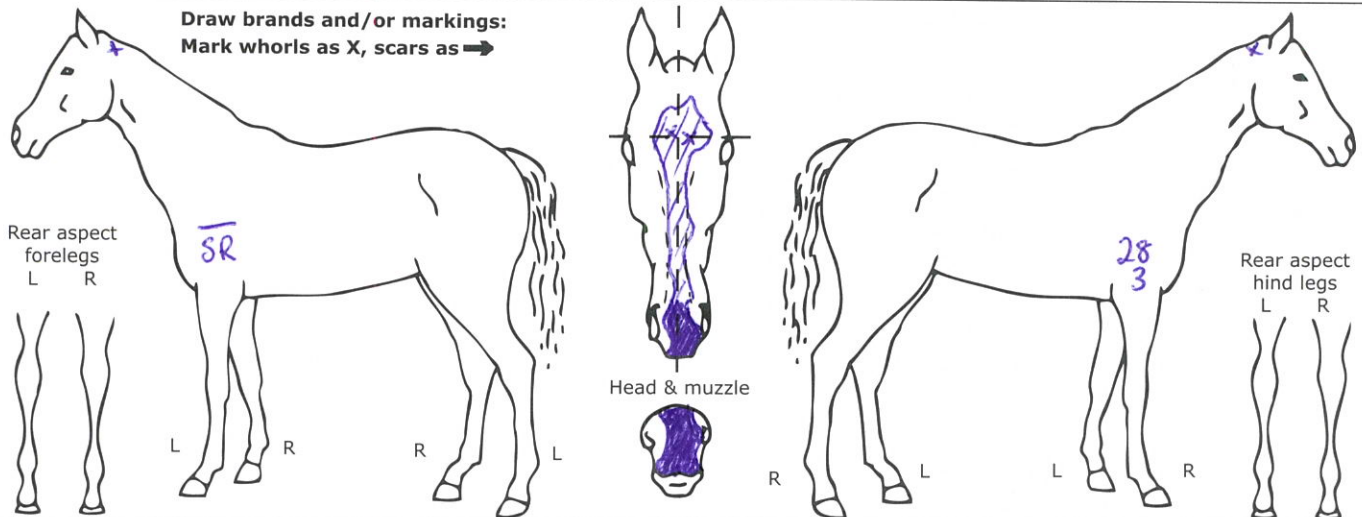
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: UNDER THE STARS		Age/DOB: 2013
(If unnamed) Sire:		Dam:
Breed: T/B	Colour: BROWN	Microchip No: 985100012037419
Owner (if known):		Address (if known):
Person requesting examination: PETER O'BRIEN		Place of examination: SEGENHÖE



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

N/A

(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: 45 x 25 mm	Left: 10mm	NAD			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 40 x 20 mm	Right: NIL	35mm peri-ovarian cyst			
Uterus	Y	N	Details	Vagina	Y	N	Details	
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD	Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD	U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD	
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<th>Vulva</th> <th>Y</th> <th>N</th> <th>Details</th>	Vulva	Y	N	Details
				Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
				Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Cervix	Y	N	Details	<th>Udder</th> <td></td> <td></td> <td></td>	Udder			
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD	Visual Examination		NAD		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD	Manual Examination		NAD		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD					
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>						

Other comments

NAD = nothing abnormal detected.

Date: 26.6.17	Signed: Carrigan
Name (please print): PETER CARRIGAN	Place stamp/write address here:
Contact Number: 65451333	Scone Equine Hospital
AVA No: 20878	106 Liverpool St
VPB No: 10090	Scone NSW 2337

00682