



# Equine Veterinarians Australia

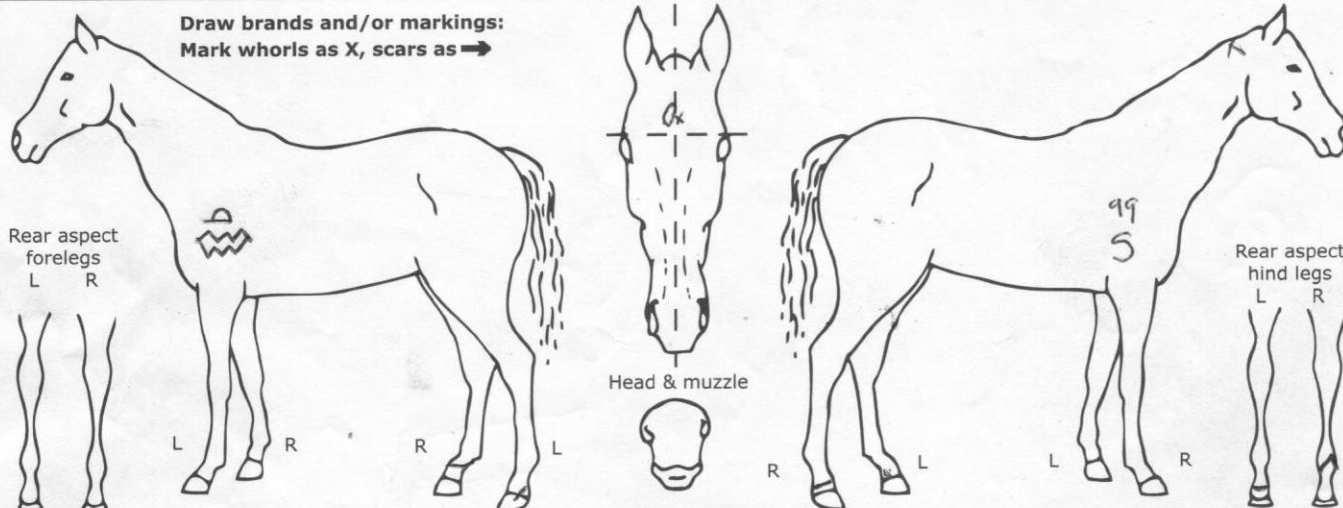
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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: <u>Lago Ovation 15</u>		Age/DOB: <u>2</u>
(If unnamed) Sire: <u>Redoutes Choice</u>		Dam: <u>Lago Ovation</u>
Breed: <u>B/B</u>	Colour: <u>B</u>	Microchip No: <u>985100012102776</u>
Owner (if known):	Address (if known):	
Person requesting examination:	Place of examination: <u>Oakridge 2</u>	



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 checked="" type="checkbox"/>	<input type="checkbox"/>	Left: <u>3 x 3.2</u>	Left: <u>0.5 cm</u>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>4 x 6.5</u>	Right: <u>3.5 cm + Cl</u>			
<b>Uterus</b>	<b>Y</b>	<b>N</b>	<b>Details</b>	<b>Vagina</b>	<b>Y</b>	<b>N</b>	<b>Details</b>
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>		<b>Vulva</b>	<b>Y</b>	<b>N</b>	<b>Details</b>
				Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Comments	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Cervix</b>	<b>Y</b>	<b>N</b>	<b>Details</b>	<b>Udder</b>			
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Normal</u>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Normal</u>
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Comments	<input type="checkbox"/>	<input type="checkbox"/>					

Other comments

Date: <u>13/12/17</u>	Signed: <u>[Signature]</u>
Name (please print): <u>Andrew Argyle</u>	Place stamp/write address here: <u>07980</u>
Contact Number: <u>0429465173</u>	<u>Wollondilly Equine</u>
AVA No: <u>17165</u>	<u>170 Russell Ln Oakridge</u>
VPB No: <u>7512</u>	