



Equine Veterinarians Australia

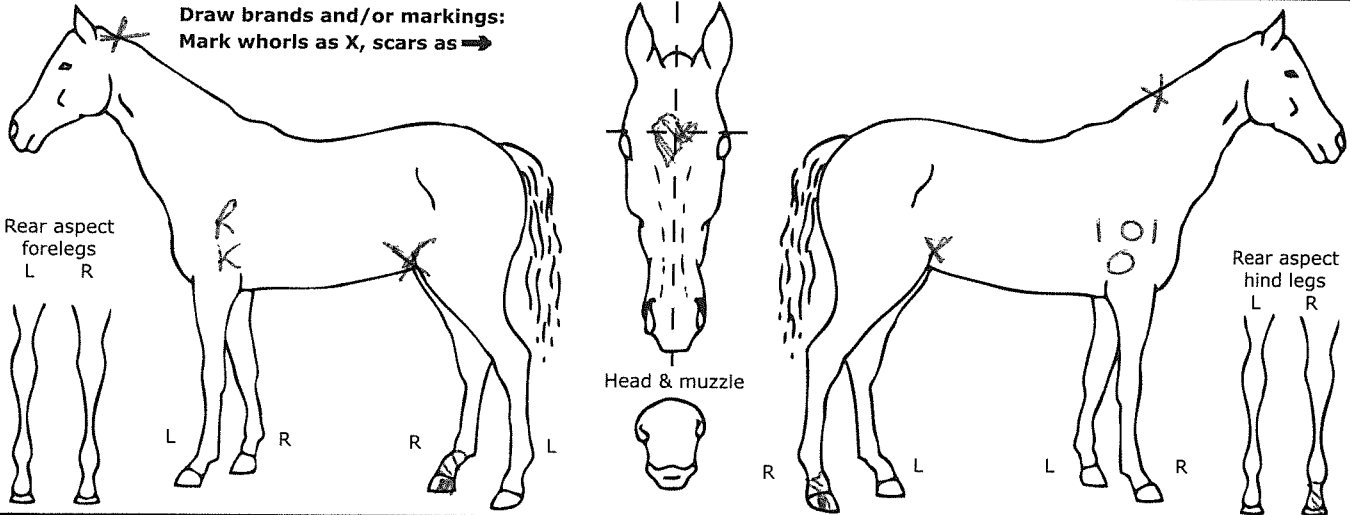
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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 or any other medication.

Animal presented as: VINTAGE STRIKE		Age/DOB: 18/02/10
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 985100012053381
Owner (if known): BZB TB'S		Address (if known):
Person requesting examination:		Place of examination: BZB TB'S



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

14/9/21

(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: WNL	Left:	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: WNL	Right:	

Uterus	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL
Uterine Cysts	<input type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	WNL
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

Vulva	Y	N	Details
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

Cervix	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WNL
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

Udder	
Visual Examination	WNL
Manual Examination	WNL

Other comments

Date: 3.5.21	Signed: Noelle J. Baxter
Name (please print): NOELLE BAXTER	Place stamp/write address here: 01871
Contact Number: 0437443108	SYDNEY EQUINE PRACTICE 8 SPILYELL ST
AVA No:	VPB No: N 9179

FLEMINGTON EQUINE CLINIC PTY LTD
ABN: 89 103 909 584
1 LANGS ROAD (PO BOX 110)
ASCOT VALE VIC 3032
TEL: 03 9376 2221 FAX: 9376 2223