



Equine Veterinarians Australia

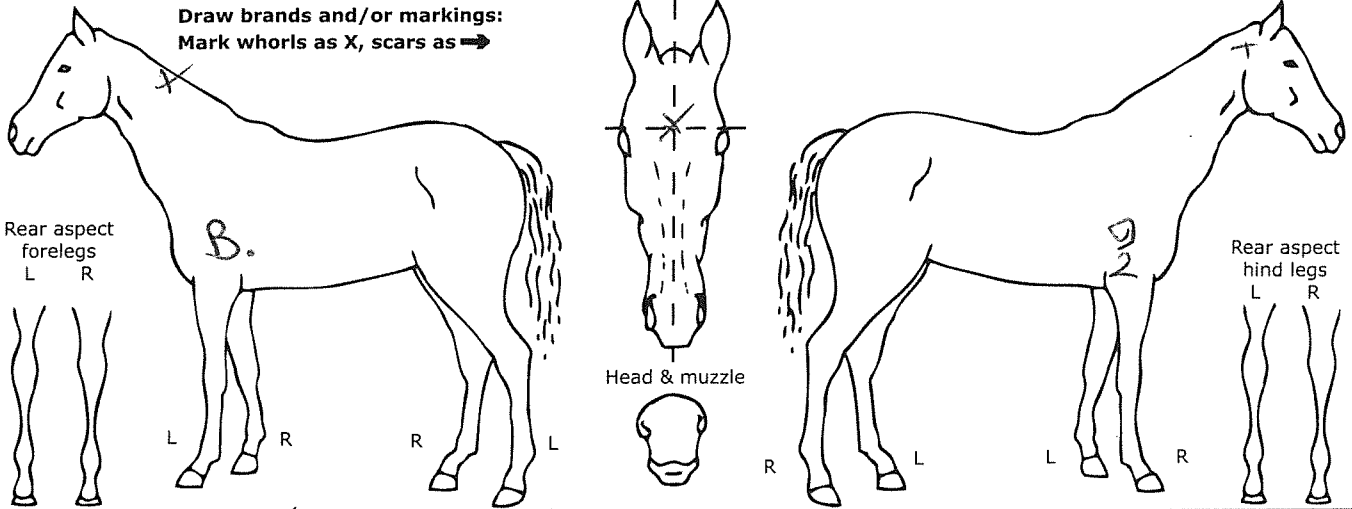
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: FLO JO SNIP		Age/DOB: 670
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 98510001201305
Owner (if known):		Address (if known):
Person requesting examination: S. Sullivan		Place of examination: Noorlum Park



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

(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: 4cm x 6cm	Left: 1cm	not cycling
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 5cm x 5cm	Right: 1cm	" "

Uterus	Y	N	Details
Manual Examination per Rectum	<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"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			No Abnormalities

Vagina	Y	N	Details
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Maiden-castled
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			No Abnormalities

Cervix	Y	N	Details
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Maiden, castled
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hymen in place
Comments			No Abnormalities

Vulva	Y	N	Details
Castled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			No Abnormalities

Udder	Y	N	Details
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Abnormalities
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Other comments

Date: **14.6.19**

Name (please print): **S. ROBINSON**

Contact Number: **0400504497**

AVA No: **15298** VPB No: **V4813**

Signed: **[Signature]**

Place stamp/write address here: **12475**

Bendigo Equine Hospital
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