



# Equine Veterinarians Australia

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

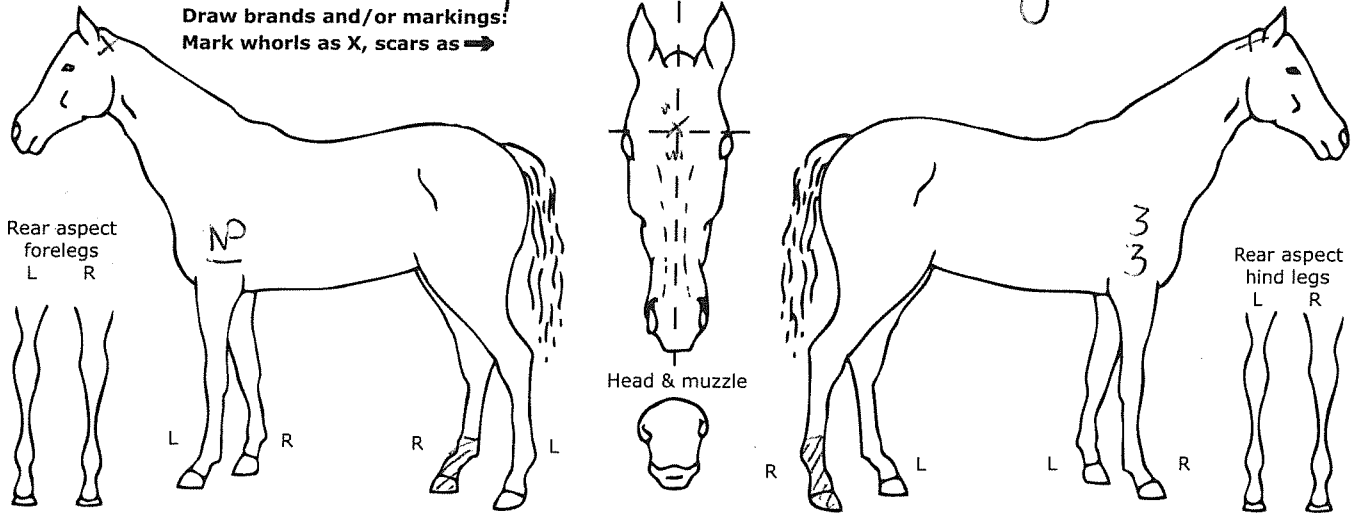
917



## 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 EquiVax® Vaccine or any other medication.

Animal presented as: <b>RIOHSEI</b>		Age/DOB: <b>23.08.2013</b>
(If unnamed) Sire:		Dam:
Breed: <b>B</b>	Colour: <b>BROWN</b>	Microchip No: <b>985100012032556</b>
Owner (if known): <b>A C STEVENS</b>		Address (if known):
Person requesting examination: <b>TAS KELLEY</b>		Place of examination: <b>Basinghall</b>



<b>This mare was examined</b> (please tick)		<b>The mare was</b> (please tick)		<b>Reported last serve date</b>
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<b>NIA MADDON</b>
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>	
Other Physical Restraint	<input type="checkbox"/>	(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: <b>4.0 x 3.1 cm</b>	Left: <b>SF</b>	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: <b>3.5 x 3.0 cm</b>	Right: <b>NIA</b>	

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

**Other comments**  
 REPRODUCTIVE TRACT CONSISTENT WITH ANCESTRY NORMAL FOR THIS BREED AT 4 YEARS.

Date: <b>12.6.2019</b>	Signed: <b>T. Kelly</b>
Name (please print): <b>KATIE WILCOX</b>	Place stamp/write address here:
Contact Number: <b>0129815596</b>	<b>AVENEL EQUINE HOSPITAL 06757</b>
AVA No: <b>2517</b>	VPB No: <b>V8367</b>
	<b>PO BOX 74, AVENEL VIC 3664 Ph: (03) 5796 2468</b>