



Equine Veterinarians Australia

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

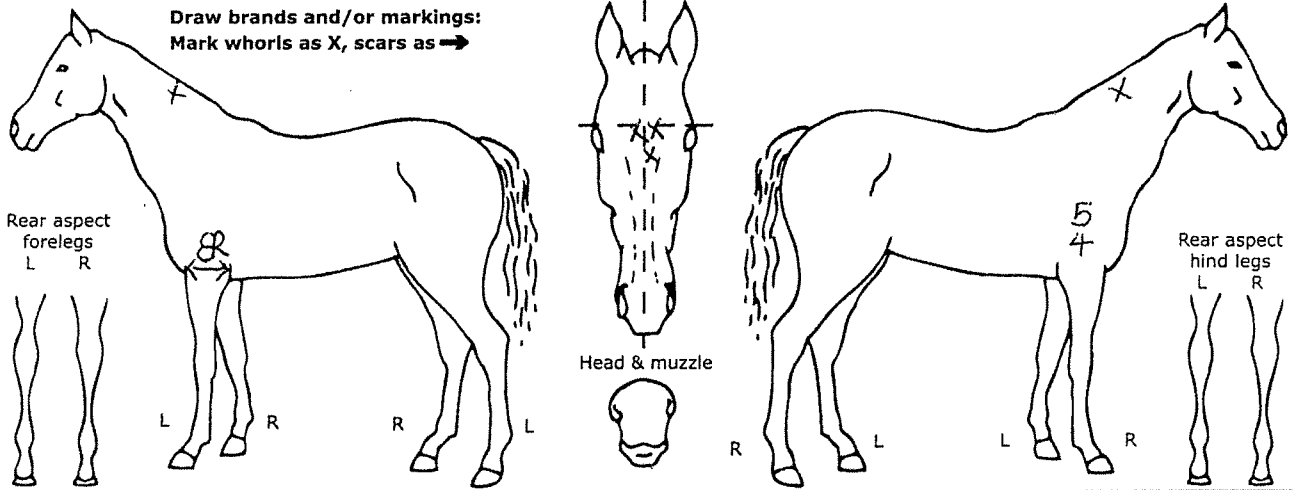


848

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 EquiV[®] Vaccine or any other medication.

Animal presented as: ASTROLOGICAL		Age/DOB: 4 YEARS
(If unnamed) Sire:		Dam:
Breed: THOROUGHBRED	Colour: BAY	Microchip No: 985100012050566
Owner (if known): AUSTRALIAN THOROUGHBRED BLOODSTOCK	Address (if known): PO BOX 82 BALLAN 3342	
Person requesting examination: D.DANCE	Place of examination: MANNINGTREE 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: 3.76 x 3.54cm	Left: 1cm			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 3.80 x 3.7cm	Right: —			
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"/>	VIA RECTAL
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	NO ABNORMALITIES DETECTED
Comments	<input type="checkbox"/>	<input type="checkbox"/>	NO ABNORMALITIES DETECTED	Vulva	Y	N	Details
	<input type="checkbox"/>	<input type="checkbox"/>		Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	RECOMMENDED
Cervix	Y	N	Details	Udder	Y	N	Details
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"/>	VIA RECTAL	Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Comments	<input type="checkbox"/>	<input type="checkbox"/>					

Other comments **MAIDEN**

Date: 11/6/2019	Signed: BALLARAT VETERINARY PRACTICE
Name (please print): K.M. TYLER	Place stamp/write address here: EQUINE CLINIC, BALLARAT MIDAS ROAD, MANNINGTREE VIC 3342
Contact Number: 03 5334 6756	PHONE: 03 5334 6800
AVA No: 5309	FAX: 5334 6800
VPB No: 3547	EMAIL: info@bvp.com.au