



# Equine Veterinarians Australia

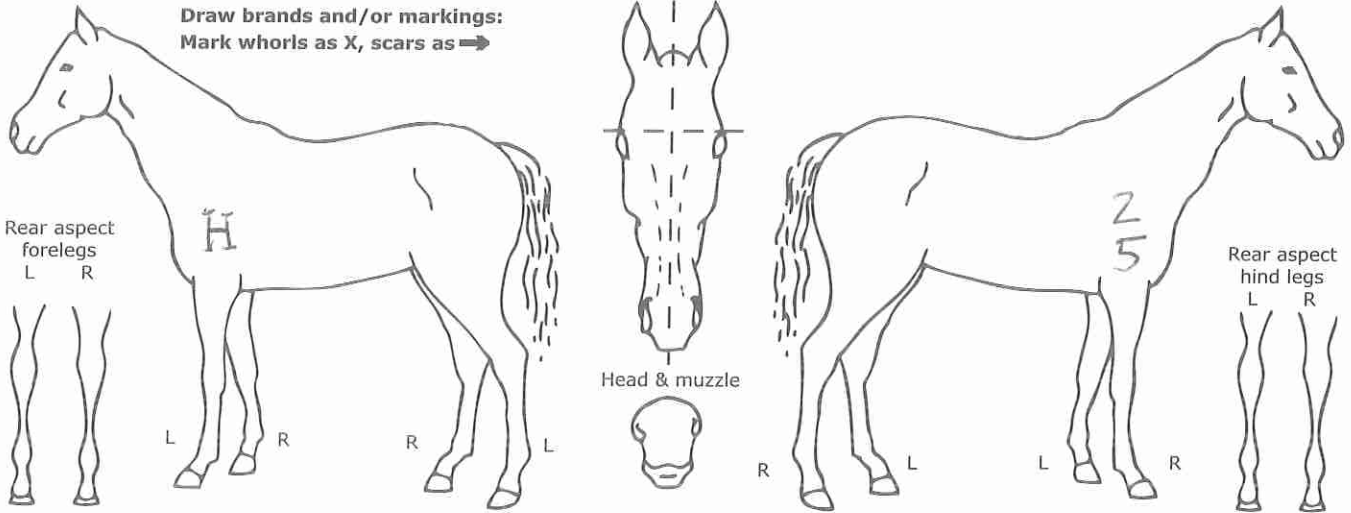
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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: <b>BOLD ARIAL</b>		Age/DOB: <b>2015</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>Brown</b>	Microchip No: <b>985100012100760</b>
Owner (if known): <b>FLR</b>		Address (if known):
Person requesting examination: <b>owner</b>		Place of examination: <b>Cloverdale Parkenla St</b>



**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 type="checkbox"/>	<input type="checkbox"/>	Left: <b>3.2 x 3.6 cm</b>	Left: <b>1.18 x 1.12 cm</b>	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: <b>4 cm x 4.5 cm</b>	Right: <b>1.5 x 1.4 cm</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 type="checkbox"/>	<input checked="" 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"/>	<b>-</b>
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<b>-</b>				

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

Udder	Y	N	Details
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Other comments

Date: <b>7/6/19</b>	Signed: <i>[Signature]</i>
Name (please print): <b>IAN CHURCH</b>	Place stamp/write address here:
Contact Number: <b>0418 345 192</b>	<b>FLEMINGTON EQUINE CLINIC PTY LTD</b> ABN: 89 103 309 584 PO BOX 110 ASCOT VALE VIC 3032 PH: 03 93760521 FAX: 03 93762223 www.flemingtonequine.com.au
AVA No: <b>6188</b>	