



Equine Veterinarians Australia

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

AWs 264

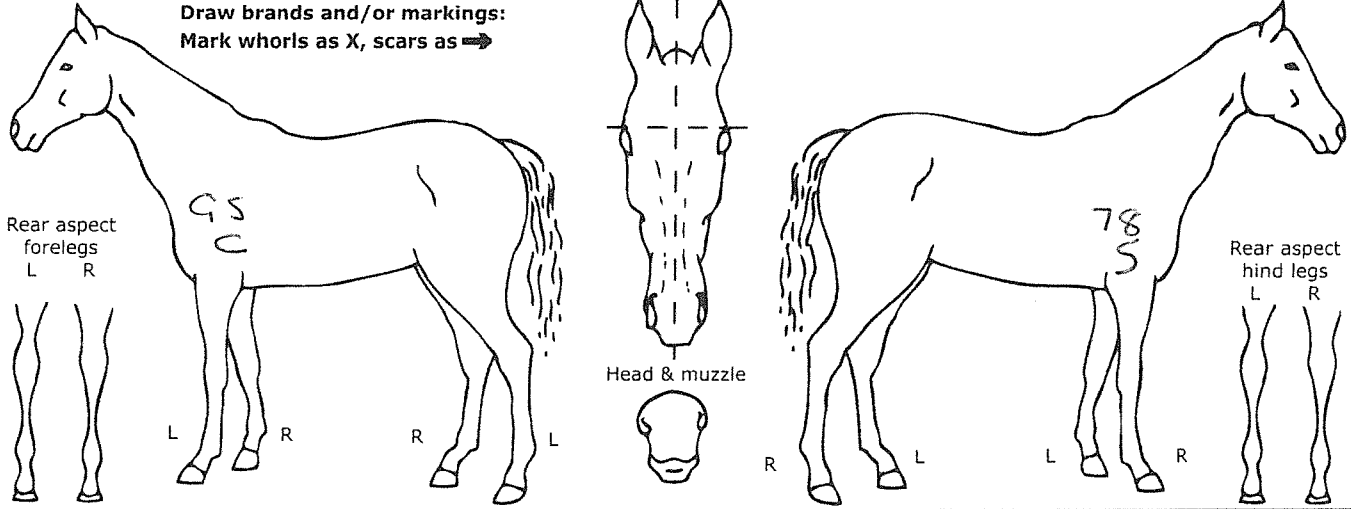


VETERINARY REPORT ON BROODMARE FOR SALE

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: TREASURED JEWEL		Age/DOB: 3 Y0
(If unnamed) Sire:		Dam:
Breed: T/BRED	Colour: CH	Microchip No: 985100012105146
Owner (if known): GOOREE SUN PARK		Address (if known): MUDGE
Person requesting examination: MR A. BATSACK		Place of examination: GOOREE

Draw brands and/or markings:
Mark whorls as X, scars as →



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

Vaccination Y/N Date

Hendra (HeV)	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	
Strangles	<input type="checkbox"/>	<input type="checkbox"/>	
EHV-1,4	<input type="checkbox"/>	<input type="checkbox"/>	

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R1C L3C		
U/S Examination	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N	NE
Uterine Cysts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uterine Fluid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			

Udder	NL	Ab	NE
Visual Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Other comments: *Examination of this mare was un...*
a suitable breeding prospect

Date: 24-4-19	Signed: <i>[Signature]</i>
Name (please print): R. WILLIAMSON	Place stamp/write address here: CHURCH ST VET Hosp 138 Church St 23076 MUDGE 2850
Contact Number: 0410 794 162	
AVA No:	VPB No: N1032