



Equine Veterinarians Australia

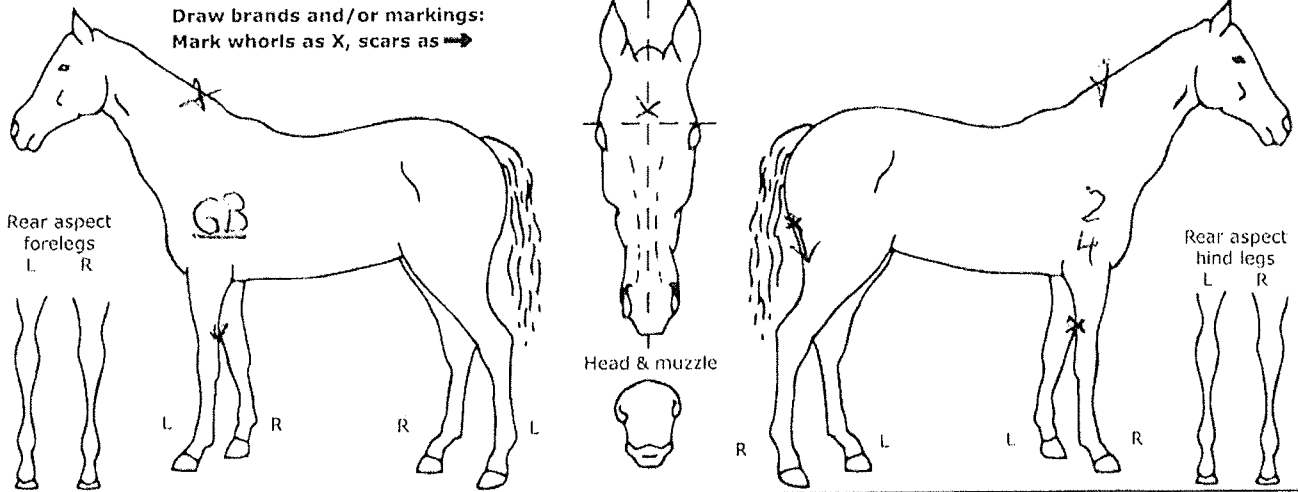
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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 EquiVax[®] Vaccine or any other medication.

Animal presented as: SHAMAR		Age/DOB: 2014
(If unnamed) Sire:		Dam:
Breed: T/B	Colour: Bay Brown	Microchip No: 985100012051828
Owner (if known):		Address (if known):
Person requesting examination: Inglis		Place of examination: Rosemont Stud



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="text"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 33 mm	Left: 16 mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 38 mm	Right: 8 mm	
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			NAD		
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			NAD		
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			NAD		
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments					
Udder					
Visual Examination	NAD				
Manual Examination					

Other comments

Date: 15.6.18	Signed:
Name (please print): Gian Paolo Macdonald	Place of Practice (please print): ROSEMONT STUD
Contact Number: 03 5220 6500	250 VOLUM ROAD
AVA No: 28511	GJARWARRE
VPB No: 8607	VIC 3221