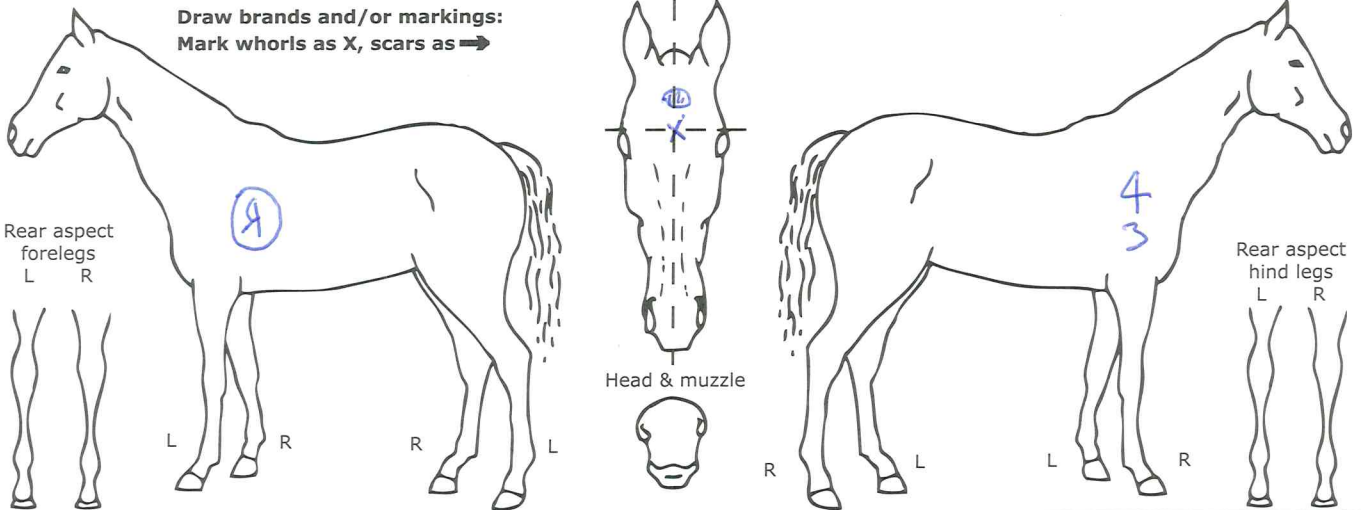




VETERINARY REPORT ON BROODMARE FOR SALE

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: Villa Rosa		Age/DOB: 30.9.13
(If unnamed) Sire:		Dam:
Breed: Thoroughbred	Colour: Bay	Microchip No: 985100012031963
Owner (if known):		Address (if known): 659 Euroa-Stratubogie rd Euroa
Person requesting examination: owner		Place of examination: Blue Gum Farm



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination	Y/N	Date
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	ND	Hendra (HeV)		
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus		
Other Physical Restraint	<input type="checkbox"/>				Strangles		
					EHV-1,4		

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			3x5cm	15mm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			2x4.5	10mm	

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

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

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

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

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

Other comments

Date: 14/6/18	
Name (please print):	
Contact Number:	
AVA No:	VPB No:

Signed:
Place stamp/write address here:
ANGUS O MCKINNON
REGISTERED EQUINE SPECIALIST
GOULBURN VALLEY EQUINE HOSPITAL
CONGUPNA VICTORIA 3633
Ph: (03) 5829 9566 Fax: (03) 5829 9307
MOB: 0409 575 261 EMAIL: aom@iinet.net.au