



Equine Veterinarians Australia

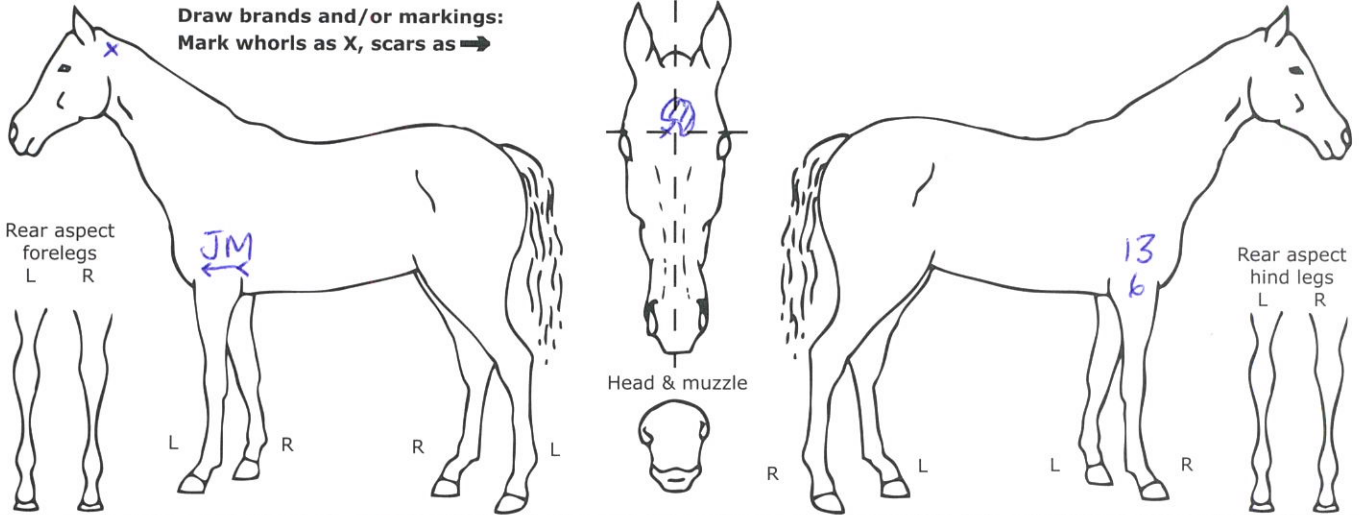
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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 EquiVacc® Vaccine or any other medication.

Animal presented as: CANZERO		Age/DOB: 2006
(If unnamed) Sire:		Dam:
Breed: T/B	Colour: BAY	Microchip No: 985100010848153
Owner (if known):		Address (if known):
Person requesting examination: M. RYAN		Place of examination: AQUIS FARM



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date
Under Sedation <input type="checkbox"/>	Pregnant <input type="checkbox"/>	29.11.16
Not Sedated <input checked="" 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: 45mm x 40mm	Left: 40mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 45mm x 35mm	Right: 32mm	
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 Oedema 5/5		
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weak tone.		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Os cervix falls to ventral vagina.		
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
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 checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	Marked perineal scarring		
Udder					
Visual Examination	<input type="checkbox"/>	<input type="checkbox"/>	NAD		
Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>	NAD		

Other comments: **Mare in oestrus**

Date: 8.5.18	Signed: Parrigan
Name (please print): PETER CARRIGAN	Place stamp/write address here: 11438
Contact Number: 65451333	Scone Equine Hospital 106 Liverpool St Scone NSW 2337
AVA No: 20878 VPB No: 10090	