



# Equine Veterinarians Australia

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

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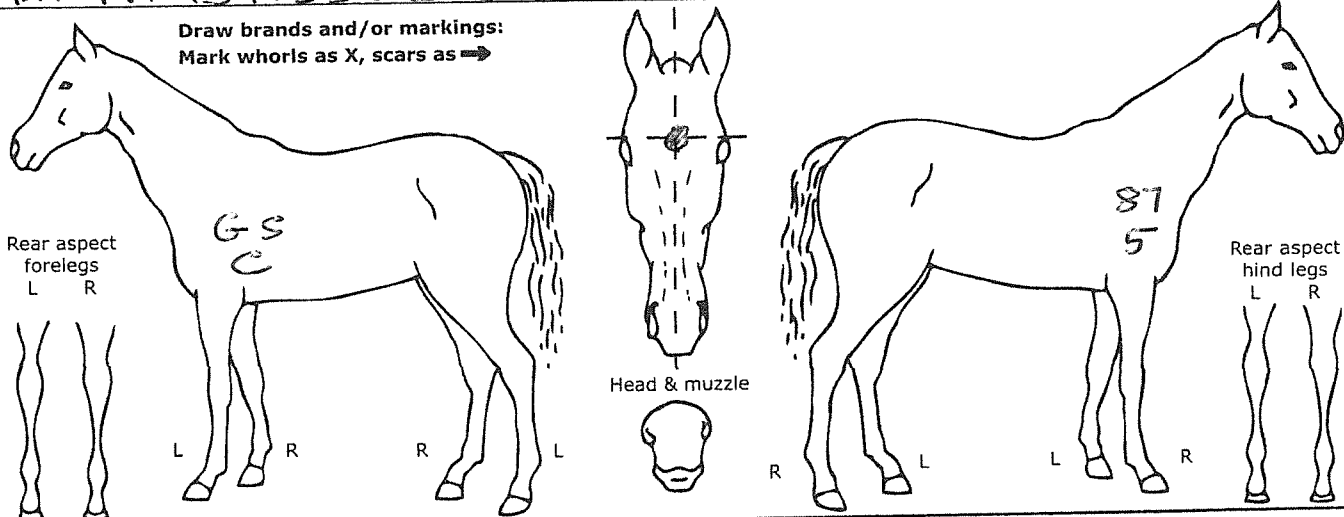


## VETERINARY REPORT ON BROODMARE FOR SALE

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>OPENING STANZA</b>		Age/DOB:
(If unnamed) Sire:		Dam:
Breed: <b>T/B</b>	Colour: <b>BR</b>	Microchip No: <b>985100012105133</b>
Owner (if known): <b>GEORGE PARK STUD</b>	Address (if known): <b>MUDGEEO NSW</b>	
Person requesting examination: <b>MR. A. BADDECK</b>	Place of examination: <b>GEORGE</b>	

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



<b>This mare was examined</b> (please tick)	<b>The mare was</b> (please tick)	<b>Reported last serve date</b>
Under Sedation <input checked="" type="checkbox"/>	Pregnant <input type="checkbox"/>	
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: <b>3cm</b>	Left: <b>0.5cm</b>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>5.5cm</b>	Right: <b>4cm</b>	
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					
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Udder					
Visual Examination	<b>NORMAL</b>				
Manual Examination	<b>NORMAL</b>				

Other comments

Date: <b>9/4/18</b>	Signed:
Name (please print): <b>D. PARRY-OKEDEN</b>	Place stamp/write address here:
Contact Number: <b>0428100671</b>	<b>CHURCH ST. VET HOSPITAL</b>
AVA No: <b>7824</b>	<b>138 CHURCH ST</b>
VPB No: <b>1356</b>	<b>MUDGEEO NSW 2850</b>