

606



Equine Veterinarians Australia

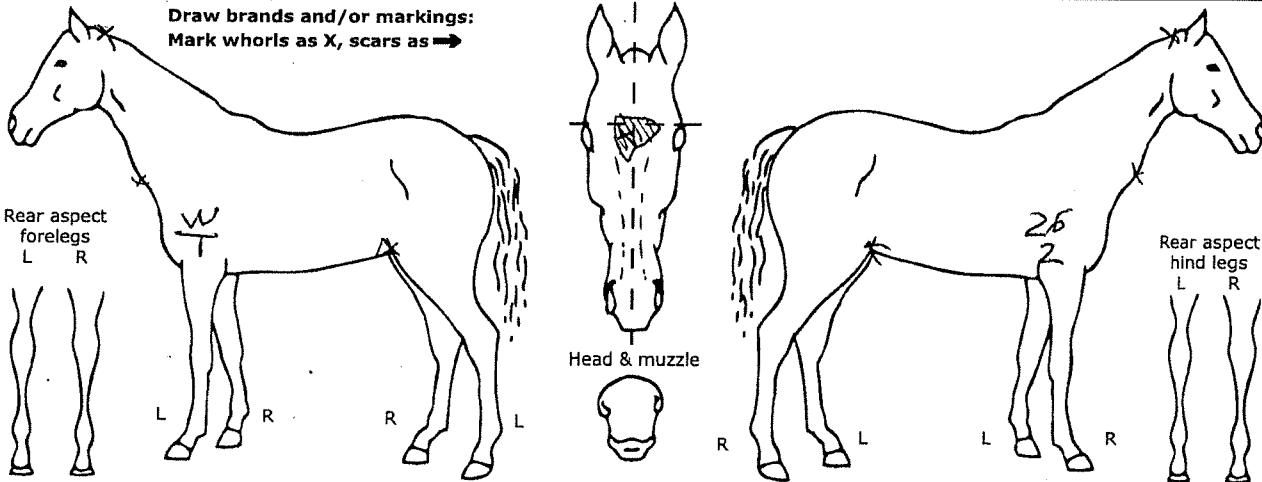
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: COUNTING (USA)		Age/DOB: 2013
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 985100012036174
Owner (if known): MR PAUL FUDGE		Address (if known): MOSS VALE
Person requesting examination: OWNER		Place of examination: WARATAH THOROUGHBREDS



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	6 SEPT 2017
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: 3x4cm	Left: 10mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 4x5cm	Right: 25mm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WN
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments			
Comments				Vulva			
				Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Comments			
				Udder			
				Visual Examination			WN
				Manual Examination			WN

Other comments

Date: 7/14/18	Signed:
Name (please print): DR. MARIA DIAT	Place stamp/write address here: 11109
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