



Equine Veterinarians Australia

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

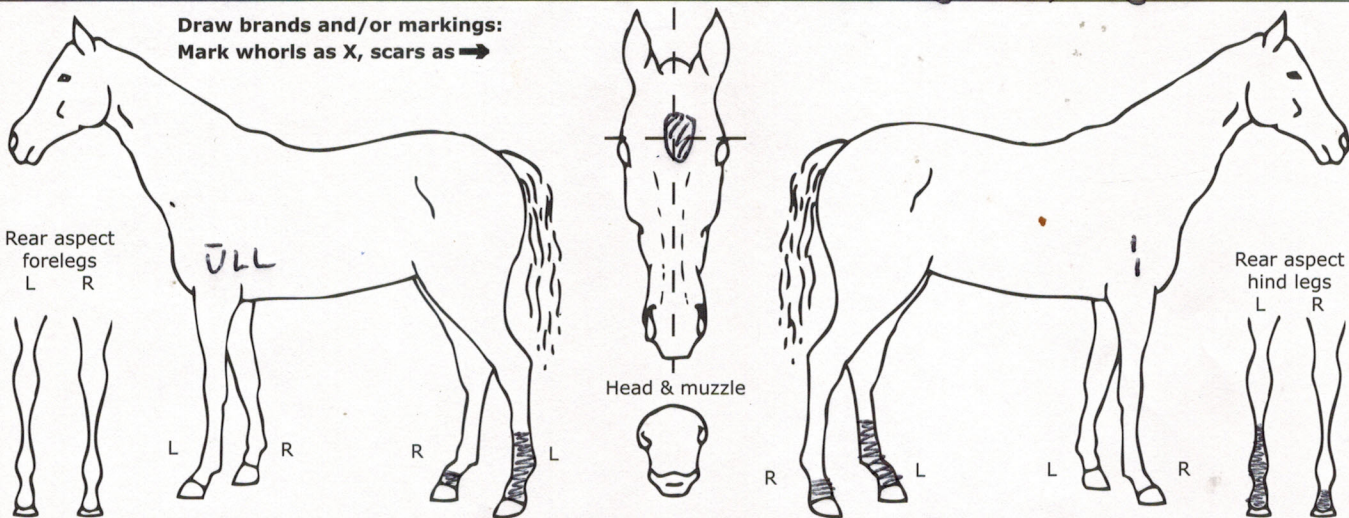


VETERINARY REPORT ON BROODMARE FOR SALE

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 Equity® Vaccine or any other medication.

Animal presented as: ANMAAS		Age/DOB: 2011
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 985100012006096
Owner (if known):		Address (if known):
Person requesting examination: MEL COPELIN		Place of examination: TORRYBURN STUD, NSW

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



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date
Under Sedation <input type="checkbox"/>	Pregnant <input type="checkbox"/>	<input type="text"/>
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: 50 x 40 mm	Left: < 20mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 55 x 45 mm	Right: < 20mm	

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			

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"/>	Normal
Visual Examination per Speculum	<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"/>	Normal
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	Y	N	Details
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Normal
Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Normal

Other comments

Date: 9/4/18	Signed: <i>Hannah Hopkins</i>
Name (please print): HANNAH HOPKINS BVSC	Place stamp/write address here: 06844
Contact Number: (02) 4927 6135	NEWCASTLE EQUINE CENTRE
AVA No:	OLD TOTE BUILDING
VPB No: N9987	BROADMEADOW RACECOURSE