



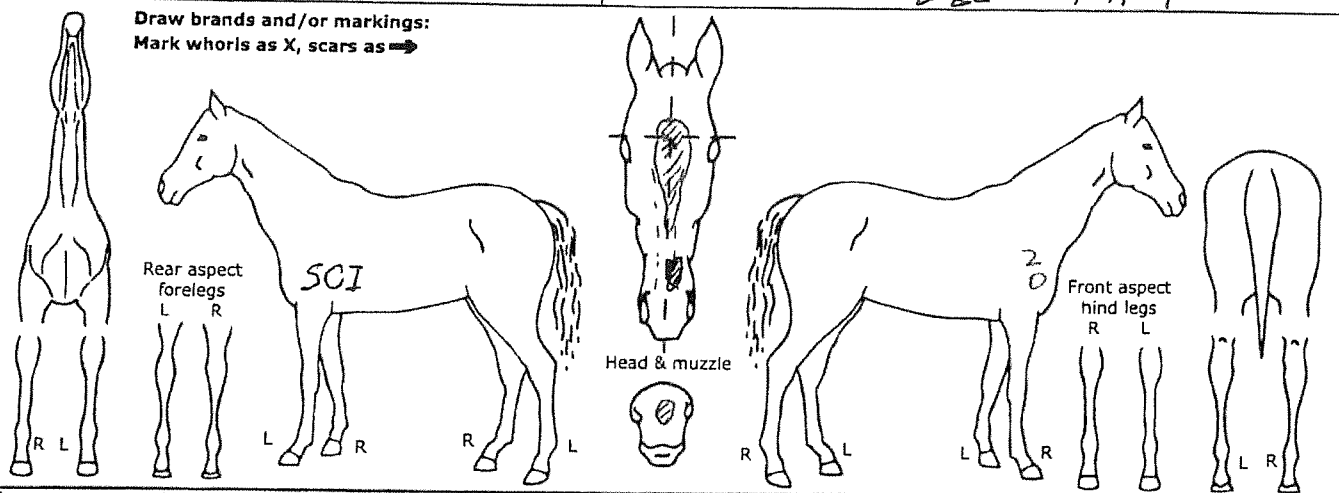
Equine Veterinarians Australia

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

VETERINARY REPORT ON BROODMARE FOR SALE



Animal presented as: <u>SPIRIT OF VIA</u>		Age/DOB: <u>2010</u>
(If unnamed) Sire:		Dam:
Breed: <u>TB</u>	Colour: <u>Bay</u>	Microchip No: <u>985100010964628</u>
Owner (if known):		Address (if known):
Person requesting examination: <u>L. Smith</u>		Place of examination: <u>Buckley Farm</u>



This mare was examined (please tick)

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>

The mare was (please tick)

Pregnant	<input type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions	Largest Follicles Diameter	Comments
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left	20, 21	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right	15	

Uterus	Y	N	Details
Manual Examination	<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"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Cervix	Y	N	Details
Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	

Vagina	Y	N	Details
Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	

Vulva	Y	N	Details
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Udder	Y	N	Details
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Other relevant clinical abnormalities:

Note: This examination is limited to an assessment of the above specified matters 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 Equivac® Vaccine or any other medication.

Date: <u>12/6/15</u>	Signed: <u>[Signature]</u>
Name (please print): <u>ANDREW JETT</u>	Place stamp/write address here:
Contact Number:	
AVA No: <u>SC15</u>	VPB No: <u>1041</u>