



# Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 898 522 852

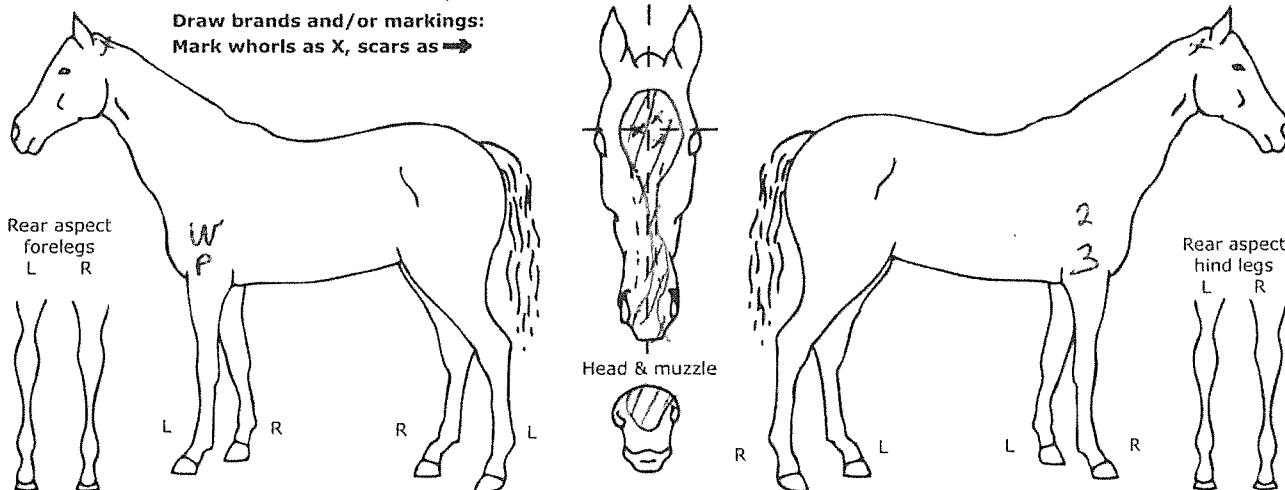


CHB 25 ✓

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: <u>Sally Kitty</u>		Age/DOB: <u>5 years.</u>
(If unnamed) Sire: _____		Dam: _____
Breed: <u>Thoroughbred</u>	Colour: <u>bay</u>	Microchip No: <u>985100012029454</u>
Owner (if known): <u>Sledmere Stud (as agent)</u>	Address (if known): _____	
Person requesting examination: <u>as above</u>	Place of examination: <u>Sledmere Stud.</u>	

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



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"/>

Reported last serve date

_____
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(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: <u>40 mm</u>	Left: <u>10 mm</u>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>60 mm</u>	Right: <u>20 mm</u>	

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

Cervix	Y	N	Details	Vulva	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

Udder	Y	N	Details
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>normal appearance</u>
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>no abnormalities</u>

Other comments

Date: <u>26/11/19</u>	Signed: <u>[Signature]</u>
Name (please print): <u>David O'Meara</u>	Place stamp/write address here: <u>10385</u>
Contact Number: <u>6545 1333</u>	Scone Equine Hospital 106 Liverpool St Scone NSW 2337
AVA No: <u>6233</u> VPB No: <u>5561</u>	