



Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 099 522 852



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 breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiV[®] Vaccine or any other medica

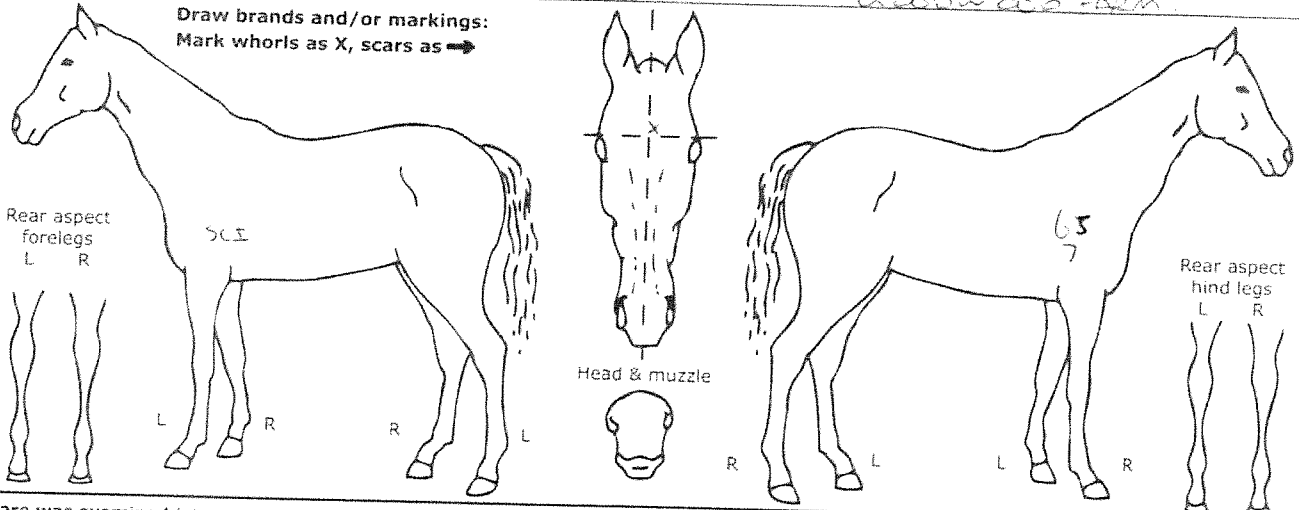
Animal presented as: FLYING TILLY Age/DOB: 2007

(If unnamed) Sire: _____ Dam: _____

Breed: TB Colour: BAY Microchip No: 93510001019463

Owner (if known): _____ Address (if known): _____

Person requesting examination: Owner Place of examination: Glenwood Farm



This mare was examined (please tick)

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

Vaccination Y/N Date

Hendra (HeV)	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	
Strangles	<input type="checkbox"/>	
EHV-1,4	<input type="checkbox"/>	

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<u>Right 4.3 x 5.5cm</u>	<u>Right 0.8cm</u>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<u>Left 3.0cm x 4.2cm</u>	<u>1.2</u>	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Uterine Cysts?		<input checked="" type="checkbox"/>	
Uterine Fluid?		<input checked="" type="checkbox"/>	
Comments:			

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?	<input checked="" type="checkbox"/>		
Comments:			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:			

Other comments

Date: 30/4/19

Name (please print): R MCLIMAHAN

Contact Number: 0265 451522

AVA No: _____ VPB No: 8155

Signed:

Place stamp/write address here

DARTBROOK EQUINE

VETERINARY CLINIC

Phone: 02 6545 1522

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