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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 EquiVet® Vaccine or any other medication.

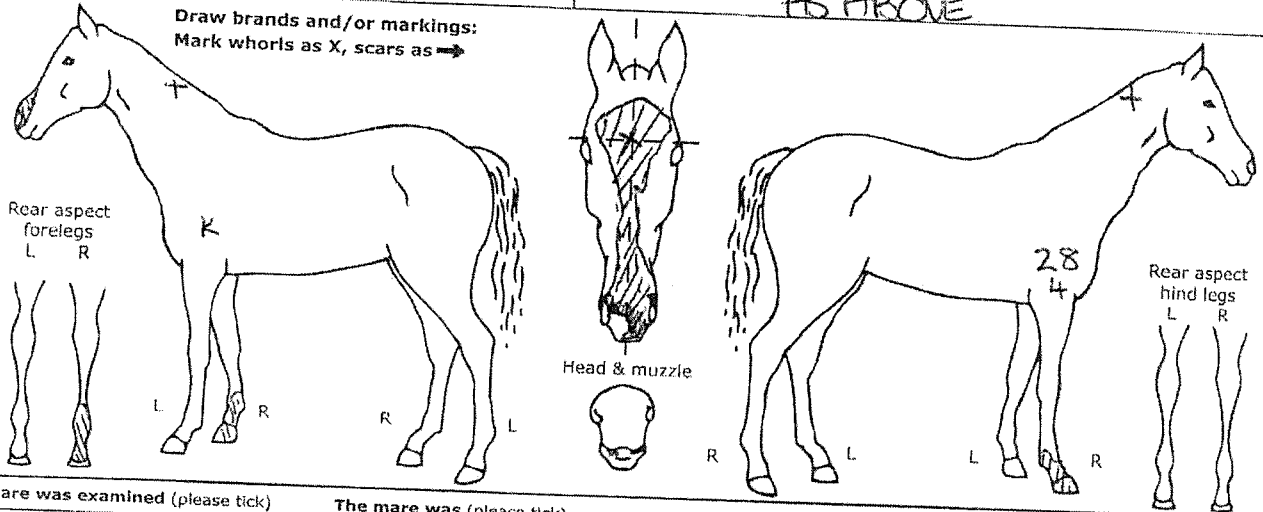
Animal presented as: **HEMINGWAY RULES** Age/DOB: **26.10.04**

(If unnamed) Sire: _____ Dam: _____

Breed: **TOD** Colour: **BAY** Microchip No: **985100010823661**

Owner (if known): **MUSK CREEK FARM** Address (if known): **MUSK CREEK ROAD, FLINDERS**

Person requesting examination: **OWNER** Place of examination: **AS ABOVE**



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)		
Tetanus	Y	4.5.19
Strangles	Y	4.5.19
EHV-1,4		

Ovaries	Left	NL	Ab	NE	Right	NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				4.5cm	21mm	
U/S Examination	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					46mm	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
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: Open			

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

Other comments

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Date: **6.6.19**

Name (please print): **Kylie Tiller**

Contact Number: **04388 309 415**

AVA No: **8949** VPB No: **3622**

Signed: **Kylie Tiller**

Place stamp/write address here:

Red Hill Equine Vet
55 Gibbs Rd
Red Hill 3137

21553