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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 EquiVax<sup>®</sup> Vaccine or any other medication.

Animal presented as: **ELASNIK**

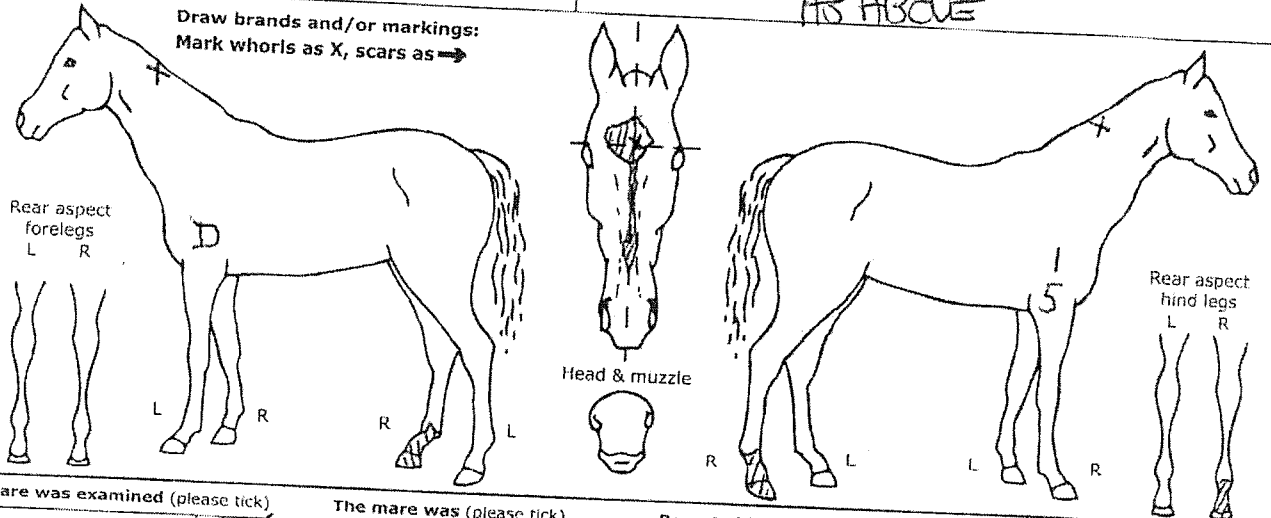
(If unnamed) Sire: \_\_\_\_\_ Dam: \_\_\_\_\_ Age/DOB: **7.9.2015**

Breed: **Tbd** Colour: **Chestnut** Microchip No: **985125000075312**

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

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

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

\_\_\_\_\_

Vaccination Y/N Date

Hendra (HeV)		
Tetanus		
Strangles		
EHV-1,4		

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"/>			3.7 cm	CL Left & Right	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>					

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:

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

Comments:

Other comments .....

Date: **6.6.19**

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

Contact Number: **0438 309 715**

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

Signed: *[Signature]*

Place stamp/write address here:

**Red Hill Equine Vet**  
**55 Gabbard Rd**  
**Red Hill 3137**

**21554**