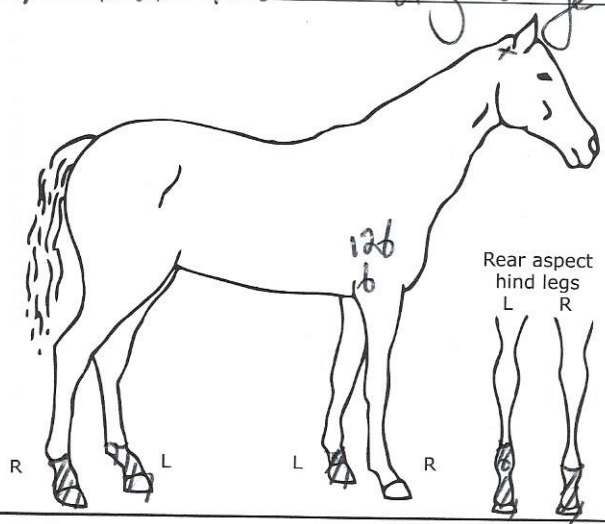
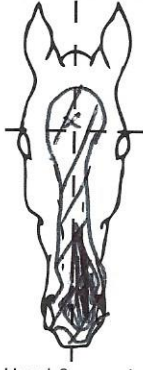
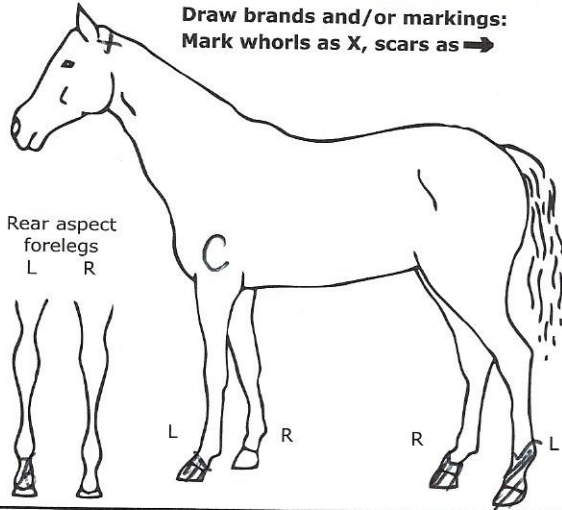




This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine or any other medication.

Animal presented as: <u>Poetry In Motion</u>		Age/DOB: <u>2016</u>
(If unnamed) Sire: <u>—</u>		Dam: <u>—</u>
Breed: <u>Thoroughbred</u>	Colour: <u>bay</u>	Microchip No: <u>985100012109221</u>
Owner (if known): <u>(as agent) Middlebrook Valley Lodge</u>	Address (if known): <u>—</u>	
Person requesting examination: <u>Verna Metcalf</u>	Place of examination: <u>Middlebrook Valley Lodge</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

—

(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>50mm</u>	Left: <u>15mm</u>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>50mm</u>	Right: <u>15mm</u>	
Uterus	Y	N	Details		
Manual Examination per Rectum	<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"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Udder	Details				
Visual Examination	<u>Normal appearance</u>				
Manual Examination	<u>NO abnormalities.</u>				

Other comments

Date: <u>5/5/20</u>	Signed: <u>David O'Meara</u>
Name (please print): <u>David O'Meara</u>	Place stamp/write address here:
Contact Number: <u>6545 1333</u>	Scone Equine Hospital 10398
AVA No: <u>6233</u>	106 Liverpool St
VPB No: <u>556</u>	Scone NSW 2337