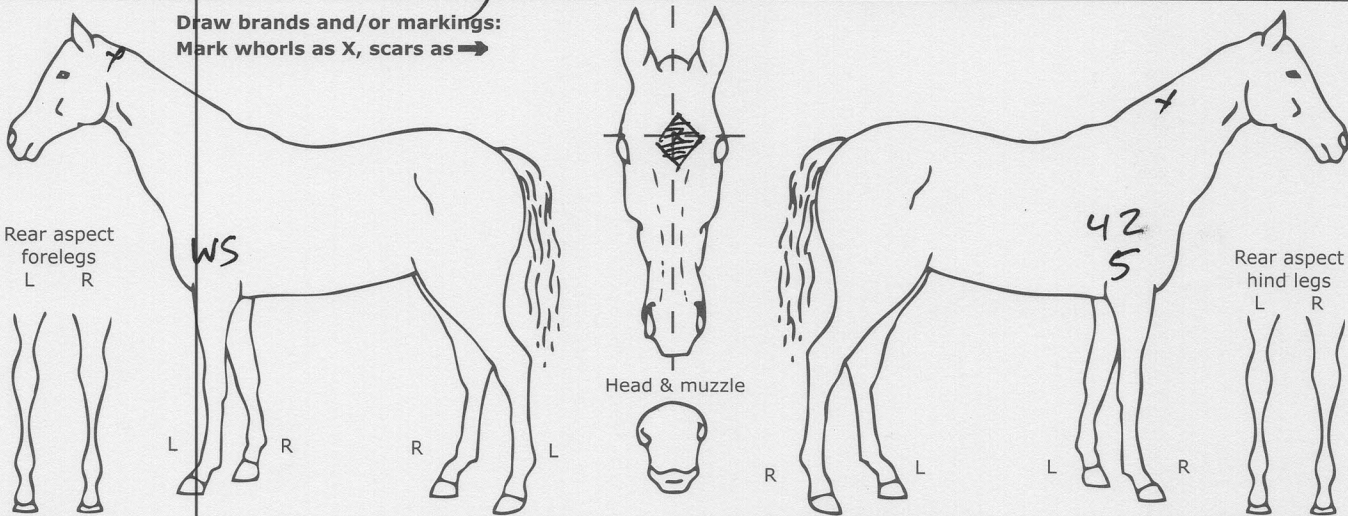




This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: Shrinagari		Age/DOB:	
(If unnamed) Sire:		Dam:	
Breed: TB	Colour: Bay/brown	Microchip No: 985125000071701	
Owner (if known):		Address (if known):	
Person requesting examination: Kate Fleming		Place of examination: Bhima	



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date		Vaccination		Y/N		Date	
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>			Hendra (HeV)	<input type="checkbox"/>				
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>			Tetanus	<input type="checkbox"/>				
Other Physical Restraint	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65x40mm	20mm			
U/S Examination	Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65x55mm	20mm			

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

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

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

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

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

Other comments

Date: 4.5.20	Signed:
Name (please print): JAMES DAWSON	Place stamp/write address here:
Contact Number: 0431634 557	HUNTER EQUINE CENTRE
AVA No:	SCONE.
VPB No: 11657	