



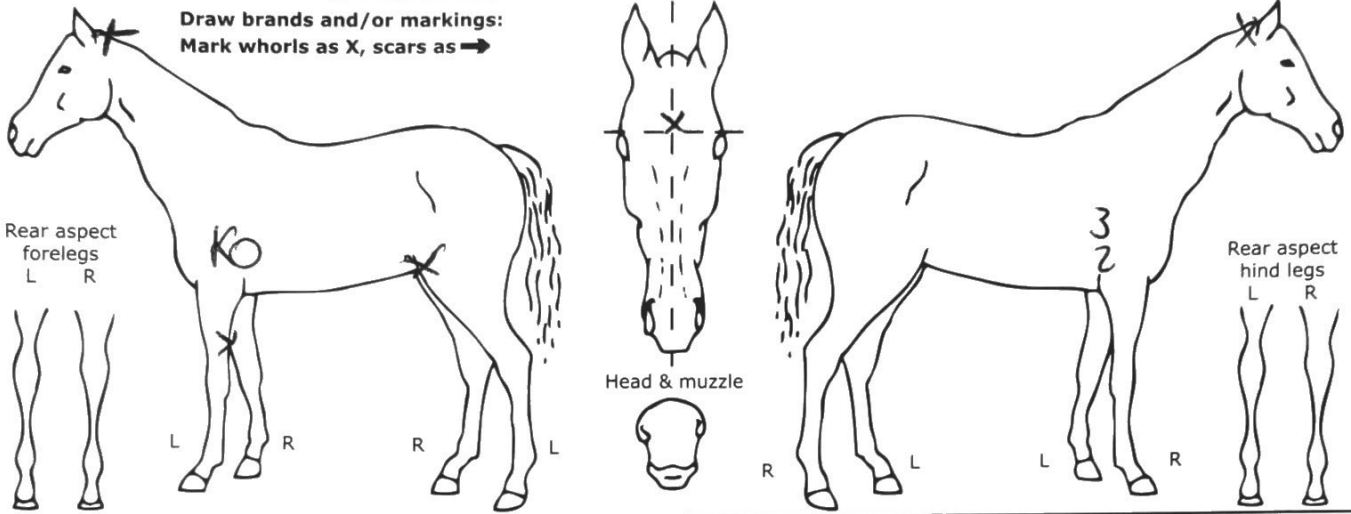
Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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 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: OUR VIDIA		Age/DOB: 2012
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 985125000067908
Owner (if known): B2B TB's.	Address (if known): OLD SOUTH RD. MITTAGONG	
Person requesting examination: A. KINGSTON	Place of examination: B2B TB's.	



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date
Under Sedation <input type="checkbox"/>	Pregnant <input type="checkbox"/>	
Not Sedated <input checked="" type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>	
Other Physical Restraint <input type="checkbox"/>		

(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: 9 cm	Left: 34 mm	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: 5 cm	Right: 10 mm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<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"/>		Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments			
Comments							

Cervix	Y	N	Details	Vulva	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Comments			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Comments							

Udder	Y	N	Details
Visual Examination	<input type="checkbox"/>	<input type="checkbox"/>	
Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>	

Other comments

Date: 6.5.20	Signed: Noelle J Baxter
Name (please print): NOELLE BAXTER	Place stamp/write address here:
Contact Number: 0437943108	Sydney Equine Practice
AVA No:	8/19 Lyell St
VPB No: N9179	Mittagong NSW 2875

