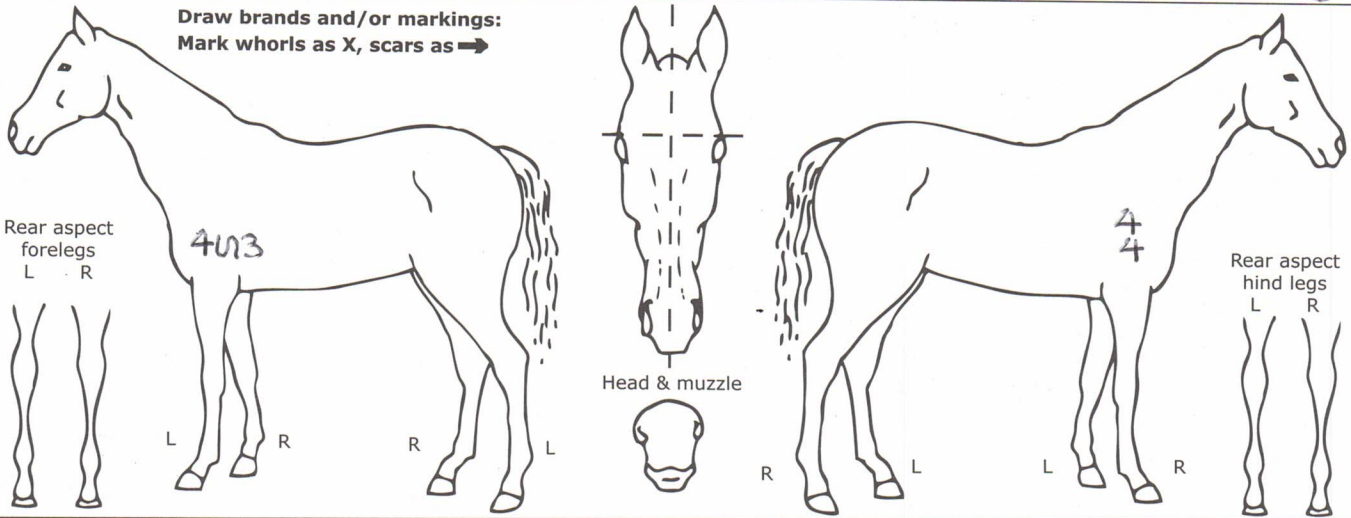




This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVax® Vaccine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

| | | |
|---|--------------------------|---|
| Animal presented as: BOOKER | | Age/DOB: 26/8/2014 |
| (If unnamed) Sire: WRITTEN TYCOON | | Dam: NOONDIE |
| Breed: TB | Colour: BROWN/BAY | Microchip No: 985100012054303 |
| Owner (if known): | | Address (if known): |
| Person requesting examination: L DUCKWORTH | | Place of examination: FAIRVIEW PARK STUD |



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"/> | | | LO 5cm x 6cm | 2.2cm | NO ABNORMALITY DETECTED |
| U/S Examination | Left | <input checked="" type="checkbox"/> | | | Right | <input checked="" type="checkbox"/> | | | RO 5.5cm x 4cm | 2.0cm | NO ABNORMALITY DETECTED |

| 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: NO ABNORMALITY DETECTED | | | |

| 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: NO ABNORMALITY DETECTED | | | |

| Vulva | Y | N | NE |
|----------------------|---|-------------------------------------|----|
| Caslicked / repairs? | | <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: NO ABNORMALITY DETECTED | | | |

| Udder | NL | Ab | NE |
|--|-------------------------------------|----|----|
| Visual Examination | <input checked="" type="checkbox"/> | | |
| Manual Examination | <input checked="" type="checkbox"/> | | |
| Comments: NO ABNORMALITY DETECTED | | | |

Other comments

Date: **1/5/20**

Name (please print): **IAN A DUCKWORTH**

Contact Number: **0488031131**

AVA No: **796** VPB No: **3391**

Signed: *Ian Duckworth*

Place stamp/write address here:
DR. IAN DUCKWORTH BVSc
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