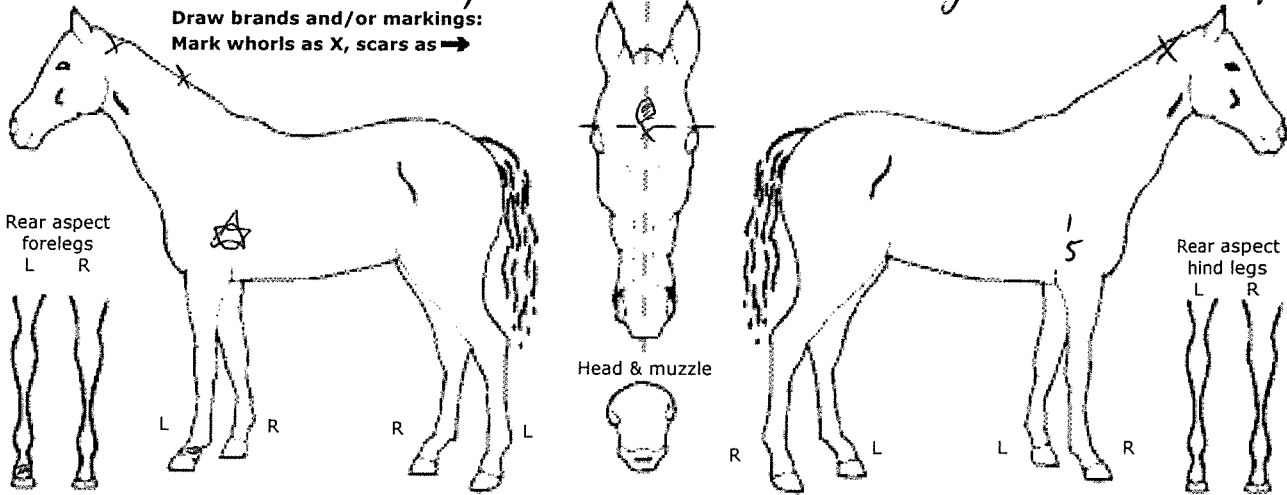


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVacc® Vaccine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

Animal presented as: <i>Into The Abyss Lot 8.</i>		Age/DOB: <i>2015.</i>
(If unnamed) Sire: <i>Foxwedge.</i>		Dam: <i>Moonbeat</i>
Breed: <i>TB</i>	Colour: <i>Bay</i>	Microchip No: <i>985100012102622</i>
Owner (if known):	Address (if known):	
Person requesting examination: <i>Line Country TB.</i>	Place of examination: <i>Inglis Sales Complex.</i>	



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"/>	<input type="text"/>	Hendra (HeV)	<input type="checkbox"/>	<input type="checkbox"/>
Not Sedated <input type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>		Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Other Physical Restraint <input type="checkbox"/>			Strangles	<input type="checkbox"/>	<input type="checkbox"/>
			EHV-1,4	<input type="checkbox"/>	<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"/>			Right	<input checked="" type="checkbox"/>			<i>L 30 x 40 mm</i>	<i>10 mm</i>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<i>R 30 x 35 mm</i>	<i>10 mm</i>	

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:			

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:			

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

Other comments

Date: <i>7/5/21.</i>	Signed: <i>Padraig Kelly</i>
Name (please print): <i>PADRAIG KELLY</i>	Place stamp/write address here:
Contact Number: <i>0421676571</i>	<i>3367 Golden Highway</i>
AVA No: <i>67937</i>	<i>Jerrys Plains</i>
VPB No: <i>N8631</i>	<i>NSW 2330</i>