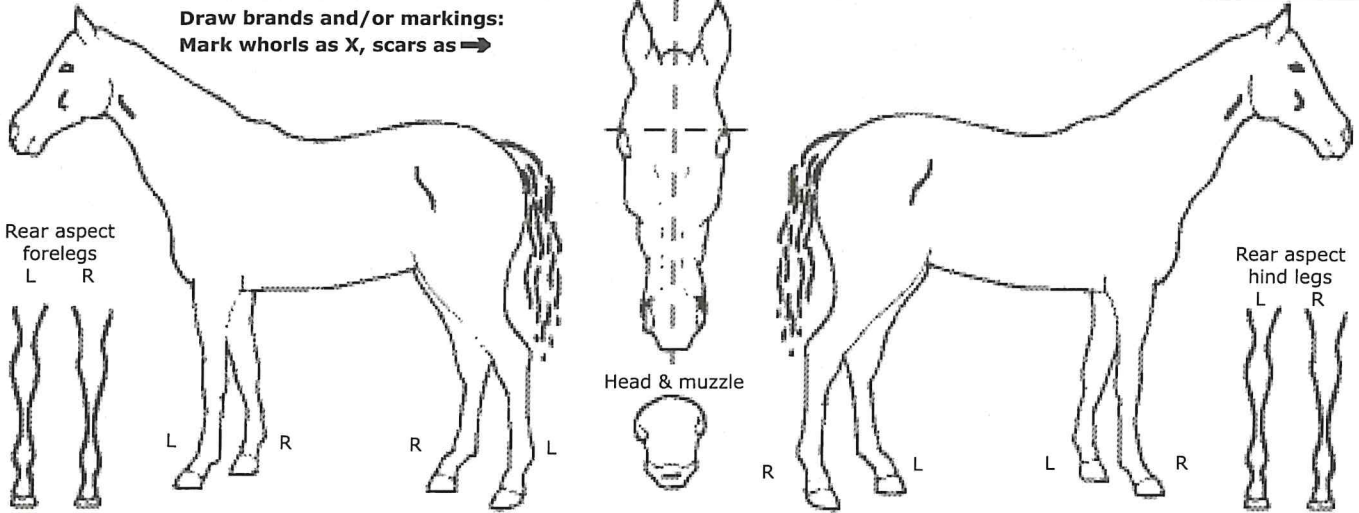


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: <b>STABLE ME (N2)</b>		Age/DOB: <b>15/09/14</b>
(If unnamed) Sire:		Dam: <b>Ivy Rose (N2)</b>
Breed: <b>TB</b>	Colour: <b>Bay</b>	Microchip No: <b>985125000072225</b>
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: <b>SUPREME PRODUCTS (REJ)</b>



<b>This mare was examined</b> (please tick)		<b>The mare was</b> (please tick)		<b>Reported last serve date</b>	<b>Vaccination</b>	<b>Y/N</b>	<b>Date</b>
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	<b>CRUSH</b>				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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>4.5.46 x 4.5cm</b>	<b>2.43cm</b>	
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"/>	<b>R 4.74 x 3.68cm</b>	<b>2.45cm</b>	<b>CA PRESENT</b>

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

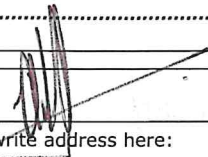
Cervix	NL	Ab	NE
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input checked="" type="checkbox"/>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

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

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

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

**Other comments** IN LATE DIOESTRUS PHASE OF CYCLE

Date: <b>25/06/21</b>	Signed: 
Name (please print):	Place stamp/write address here:
Contact Number:	
AVA No: <b>17597</b>	VPB No: <b>3602</b>

**DR. ALAN CLARK B.V.M.&S., M.R.C.V.S**  
CILL DARA  
118 PARKVIEW DRIVE,  
LANCIEFIELD, VIC. 3435  
TEL: 0458 006 363