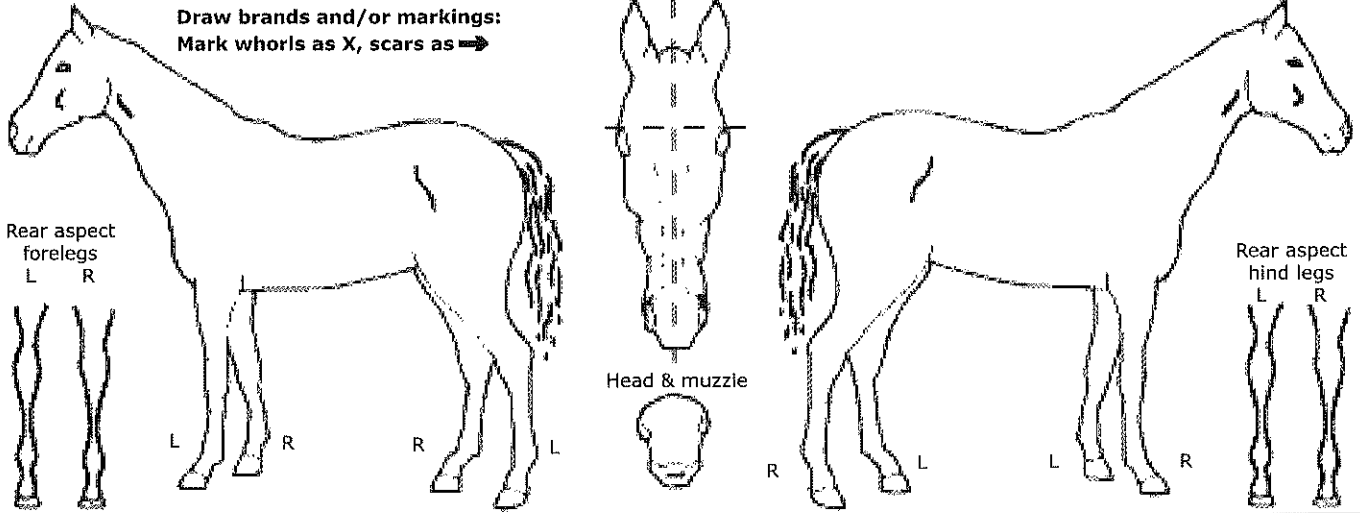


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: HENRIETTE		Age/DOB: 2006
(If unnamed) Sire:		Dam:
Breed: TB	Colour: Bay	Microchip No: 985125000012275
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: HIDDEN, VIC.



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination	Y/N	Date
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="text" value=""/>	Hendra (HeV)	N	-
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus	Y	1/9/20
Other Physical Restraint	CRUSH				Strangles	Y	1/9/20
					EHV-1,4	N	-

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"/>			L 4.59 x 2.72 cm	1.16 cm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			R 4.19 x 3.14 cm	1.67 cm	

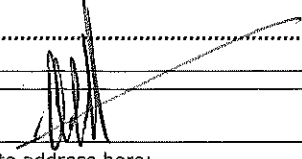
Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
Uterine Cysts?		<input checked="" type="checkbox"/>	
Uterine Fluid?		<input checked="" type="checkbox"/>	
Comments:			

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 **IN WINTER ANESTRUS**

Date: 28/06/21	Signed: 
Name (please print):	Place stamp/write address here:
Contact Number:	DR. ALAN CLARK B.V.M&S., M.R.C.V.S
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VPB No: 3602	118 PARKVIEW DRIVE,
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