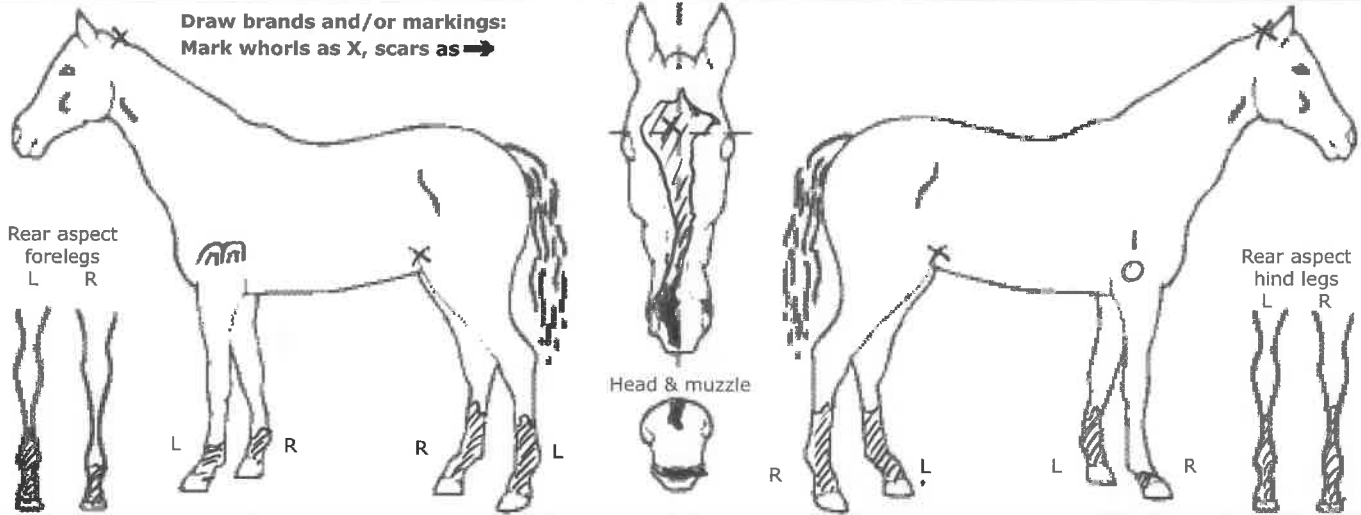


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: <i>MORBITI</i>		Age/DOB: <i>15.10.2010</i>
(If unnamed) Sire: <i>MORE THAN READY</i>		Dam: <i>TYCOON VOY</i>
Breed: <i>T'ORED</i>	Colour: <i>BROWN</i>	Microchip No: <i>985100010965452</i>
Owner (if known): <i>JOHN STUART INVESTMENTS.</i>		Address (if known): <i>BRISBANE</i>
Person requesting examination: <i>D. WHITE</i>		Place of examination: <i>VINEYARD STUD.</i>



This mare was examined (please tick)

Under Sedation	<input type="checkbox"/>
Not Sedated	<input checked="" 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)	<input checked="" type="checkbox"/>	<i>13.1.21</i>
Tetanus	<input checked="" type="checkbox"/>	<i>30.8.19</i>
Strangles	<input checked="" type="checkbox"/>	<i>23.2.21</i>
EHV-1,4	<input checked="" type="checkbox"/>	<i>29.1.21</i>

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>LEFT 5.5cm x 3.85cm</i>		<i>ca.</i>
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<i>RIGHT 4.4cm x 3.1cm</i>	<i>1.4cm.</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: <i>SEMI-RELAXED PINK</i>			

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>4TH MAY 2021</i>	Signed: <i>[Signature]</i>
Name (please print): <i>W.D. MATTHEWS.</i>	Place stamp/write address here:
Contact Number: <i>0488767616</i>	W.D. Matthews
AVA No: <i>5012</i>	Stone Lodge Equine Services Pty Ltd
VPB No: <i>N8421</i>	PO Box 436 Scone NSW 2337