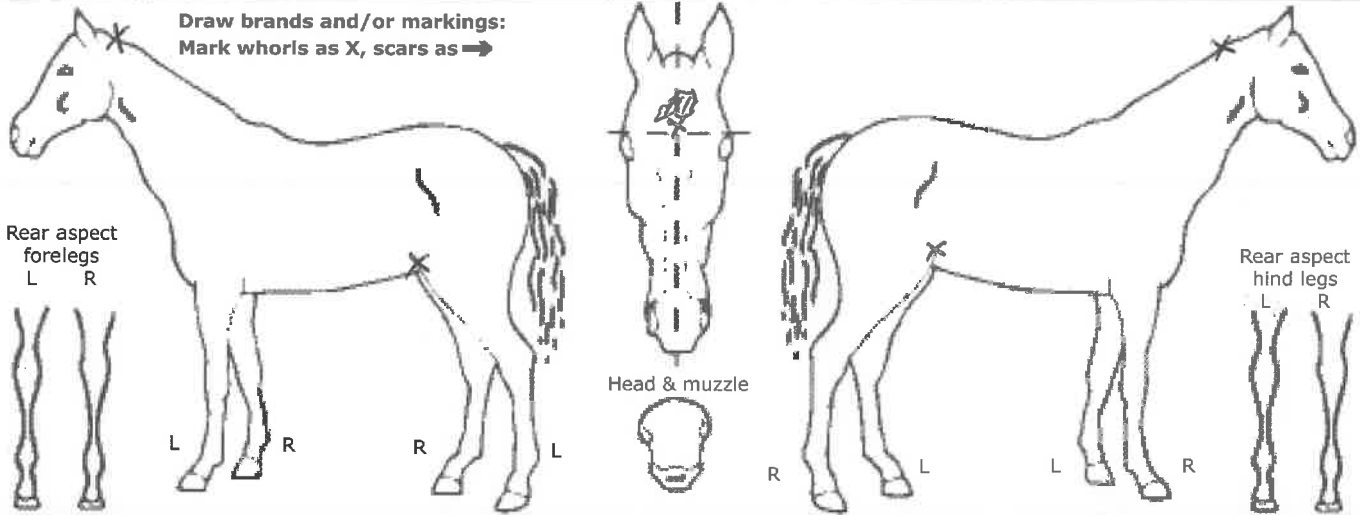


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: QUIET MEADOW		Age/DOB: 1.02.2005
(If unnamed) Sire: FK PRADO		Dam: QUIET DOWN
Breed: FRIESIAN	Colour: BROWN	Microchip No: 985100010963356
Owner (if known): C. PERRY		Address (if known): GREENWICH.
Person requesting examination: D. WHITE		Place of examination: VINEY STUB



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)	Y	12.1.21
Tetanus	Y	22.10.20
Strangles	Y	16.2.21
EHV-1,4	Y	29.1.21

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"/>			LEFT 4cm x 2.9cm	1cm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			RIGHT 5.07cm x 4.29cm		2 x C.S.

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?			
Comments:	47mm CYST RIGHT HORN 28mm CYST LEFT HORN		

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:	TIGHT-PAKE		

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:			

Vulva	Y	N	NE
Caslicked / repairs?	<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: 4TH MAY 2021	Signed: 
Name (please print): W.D. MATTHEWS.	Place stamp/write address here:
Contact Number: 0488 7676 16	
AVA No: 5012	VPB No: N8421

W.D. Matthews
Stone Lodge Equine Services Pty Ltd
PO Box 436 Scone NSW 2337