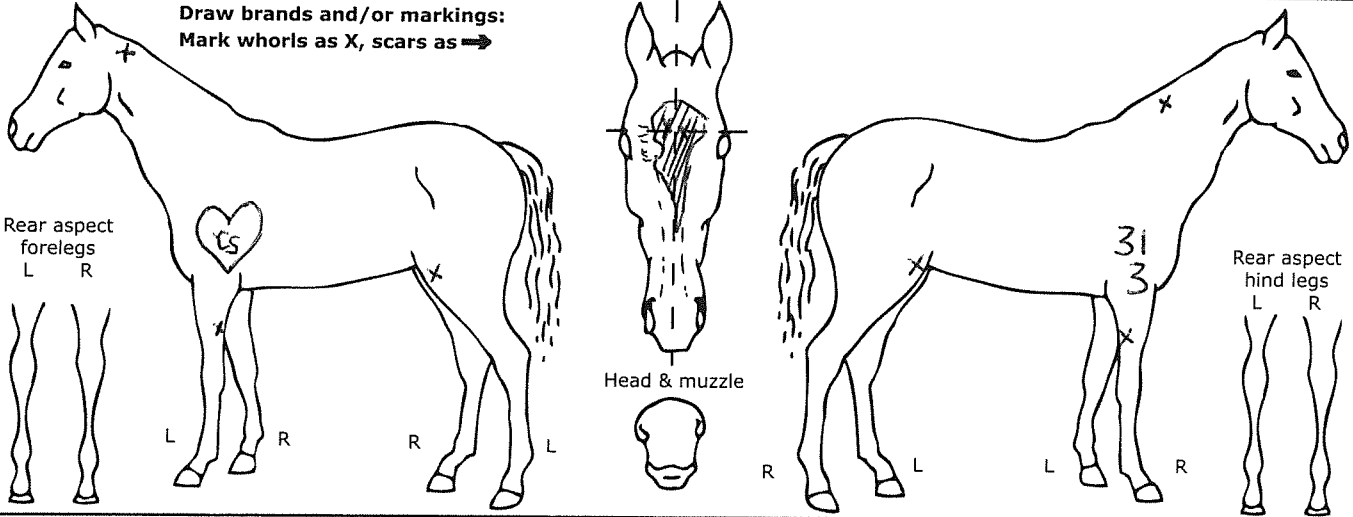




This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: <b>GENETEAU</b>		Age/DOB: <b>2013</b>
(If unnamed) Sire:		Dam:
Breed: <b>THOROUGHBRED</b>	Colour: <b>BROWN</b>	Microchip No: <b>985100012032351</b>
Owner (if known):	Address (if known):	
Person requesting examination: <b>OWNERS</b>	Place of examination: <b>ATTUNGA STUD.</b>	



<b>This mare was examined</b> (please tick)		<b>The mare was</b> (please tick)		<b>Reported last serve date</b>
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<b>MADEN MAKE</b>
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>	
Other Physical Restraint	<input type="checkbox"/>			

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter* (Measured by US)	Comments
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: <b>35 x 57mm</b>	Left: <b>20mm + CL</b>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>40 x 47mm</b>	Right: <b>10mm</b>	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments			
Comments							

Cervix	Y	N	Details	Vulva	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Comments			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Comments							

Udder	Y	N	Details
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>(WNL)</b>
Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>	

Other comments: **NO SIGNIFICANT FINDINGS ON EXAMINATION**

Date: <b>06/04/2018</b>	Signed:
Name (please print): <b>CANDICE MASSINGHAM</b>	Place stamp/write address here: <b>10953</b>
Contact Number: <b>65451333</b>	<b>Scone Equine Hospital</b>
AVA No: <b>18139</b> VPB No: <b>8239</b>	<b>106 Liverpool St</b>
	<b>Scone NSW 2337</b>