



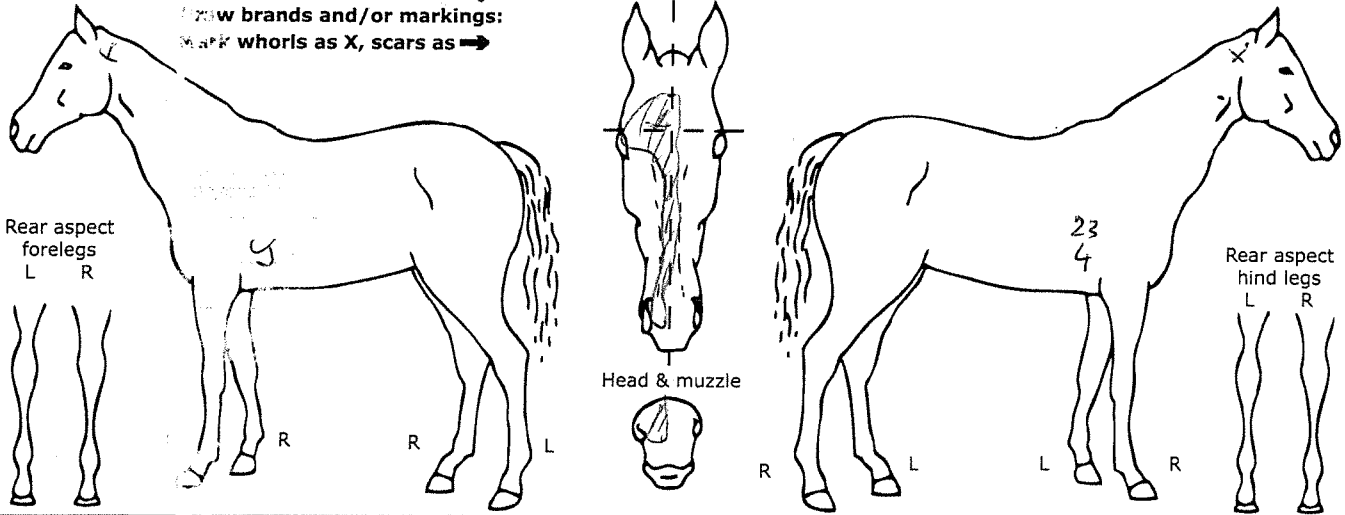
Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: <u>Alnoas</u>		Age/DOB:
(If unnamed) Sire:		Dam:
Breed:	Colour: <u>Bay</u>	Microchip No:
Owner (if known):		Address (if known):
Person requesting examination: <u>S.Wright</u>		Place of examination: <u>Warrawee, Scone</u>



This mare was examined: (Please tick)	The mare was (please tick)	Reported last serve date
Under Sedation <input checked="" type="checkbox"/>	Pregnant <input type="checkbox"/>	<u>Maiden</u>
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: <u>3.5cm</u>	Left: <u>8mm</u>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>6.5cm</u>	Right: <u>32mm</u>			
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 type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	<u>NAD</u>
Comments			<u>Nothing abnormal detected</u>	Vulva	Y	N	Details
				Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Comments	<input type="checkbox"/>	<input type="checkbox"/>	<u>NAD</u>
Cervix	Y	N	Details	Udder	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>(NAD)</u>	Visual Examination	<input type="checkbox"/>	<input type="checkbox"/>	<u>NAD</u>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>	<u>NAD</u>
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Comments			<u>NAD</u>				

Other comments

Bridget Roberts Veterinary Services

Date: 10/4/18

Name (please print): B. ROBERTS

Contact Number: 0459204086

AVA No: 18111 VPB No:

Signed: Bridget Roberts B.V.M.S., CertEM(StudMed)
 Place stamp/write address here: PO Box 135, Scone, 2337
 Tel: 458 204 086 11636
 Email: bridget901@hotmail.com
 ABN 41 386 591 474