



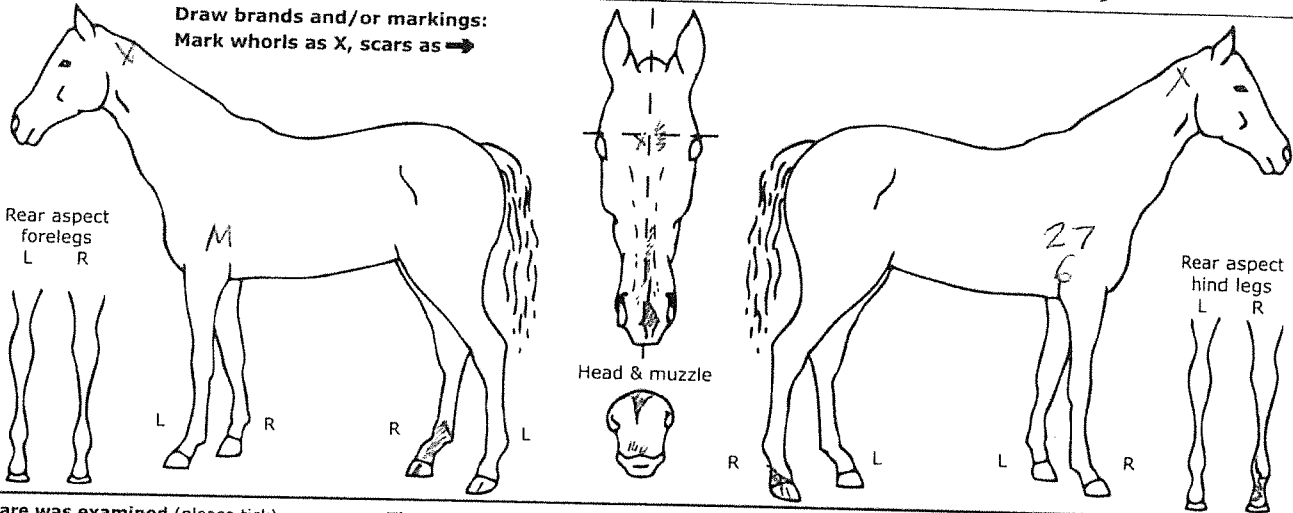
Equine Veterinarians Australia

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 EquiVax[®] Vaccine or any other medication.

Animal presented as: TAVE OF LOVE		Age/DOB:
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No:
Owner (if known):		Address (if known):
Person requesting examination: TORRY BURN STUD		Place of examination: TORRY BURN STUD



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

<input type="text"/>

(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: 33 x 42 mm	Left: 15 mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 35 x 45 mm	Right: CORPUS LUTEUM	

Uterus	Y	N	Details
Manual Examination per Rectum	<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"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			

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

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

Vulva	Y	N	Details
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			

Udder	Y	N	Details
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAD
Manual Examination			

Other comments

Date: 12/04/18	Signed: Geoffrey Confindi
Name (please print): LELUA CORINA di FAVNA	Place stamp/write address here: 06846
Contact Number: 02 4927 6135	NEWCASTLE EQUINE CENTRE
AVA No:	BROAD MEADOW RAINCOAST
VPB No:	