



# Equine Veterinarians Australia

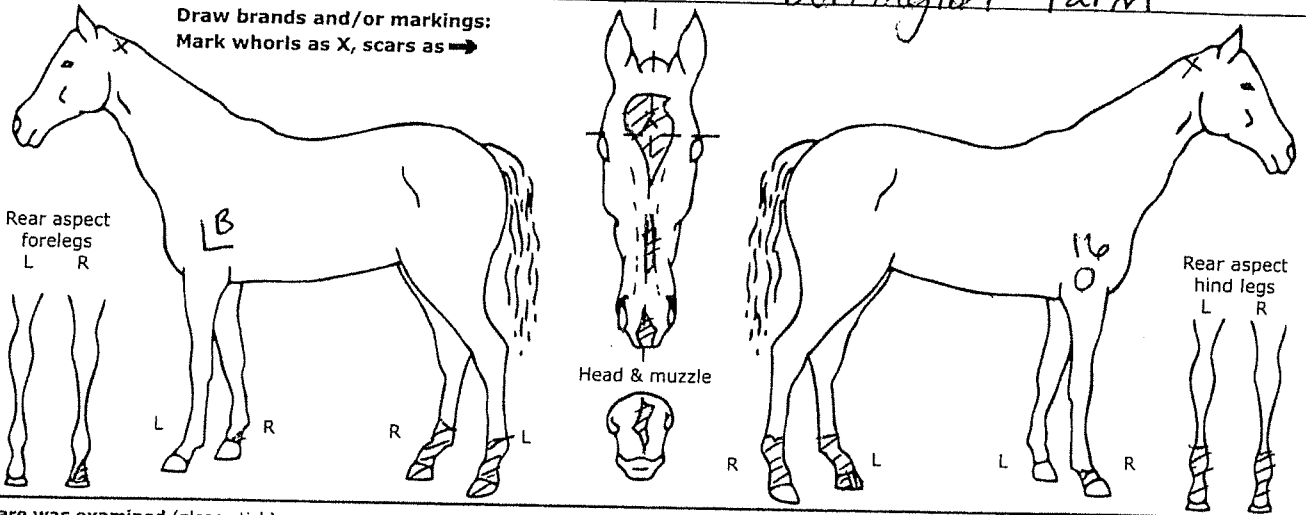
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852

816



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<sup>®</sup> Vaccine or any other medication

Animal presented as: <u>Ready Cuz</u>		Age/DOB: <u>2010</u>
(If unnamed) Sire:		Dam:
Breed: <u>TB</u>	Colour: <u>BR</u>	Microchip No:
Owner (if known): <u>R. Crabtree</u>		Address (if known):
Person requesting examination: <u>R. Crabtree</u>		Place of examination: <u>Dorrington Farm</u>



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

Not served 2017

(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: 40 x 35 mm	Left: 15 mm	anestrus
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 40 x 40 mm	Right: 20 mm	anestrus
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			Normal		
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"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			Normal		
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			Normal		
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			adequate		
Udder	Details				
Visual Examination	Normal				
Manual Examination					

Other comments

Date: <u>18.6.18</u>	Signed:
Name (please print): <u>Chelsie Burden</u>	Place stamp/write address here:
Contact Number: <u>0484 296 362</u>	<u>08329</u> <u>Goulburn Valley Equine Hospital</u> <u>905 Goulburn Valley Hwy</u> <u>Corangubra Vic 3633</u>
AVA No:	VPB No: <u>8198</u>