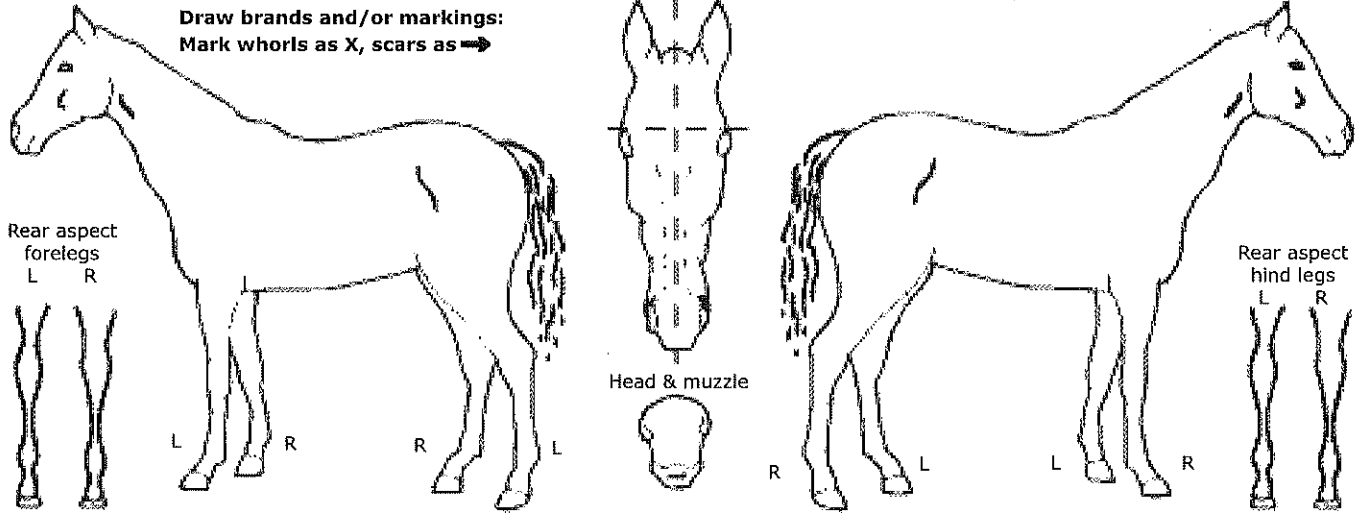


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: <b>AFFAIR OF THE HEART</b>		Age/DOB: <b>2005</b>
(If unnamed) Sire:		Dam:
Breed: <b>FB</b>	Colour: <b>CHESTNUT</b>	Microchip No: <b>98512500 0019211</b>
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: <b>HIDDEN, VIC.</b>



<b>This mare was examined</b> (please tick)		<b>The mare was</b> (please tick)		<b>Reported last serve date</b>	<b>Vaccination</b>	<b>Y/N</b>	<b>Date</b>
Under Sedation	<input type="checkbox"/>	Pregnant	<input checked="" type="checkbox"/>	<b>08/11/20</b>	Hendra (HeV)	<b>N</b>	<b>-</b>
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input type="checkbox"/>		Tetanus	<b>Y</b>	<b>1/9/20</b>
Other Physical Restraint	<b>CRUSH</b>				Strangles	<b>Y</b>	<b>1/9/20</b>
					EHV-1,4	<b>Y</b>	<b>31/5/21</b>

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left				Right						
U/S Examination	Left				Right						

Uterus	NL	Ab	NE
Manual Examination per Rectum			
U/S Examination			
	<b>Y</b>	<b>N</b>	<b>NE</b>
Uterine Cysts?			
Uterine Fluid?			
Comments:			

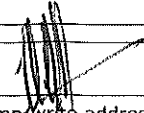
Cervix	NL	Ab	NE
Manual Examination per Vagina			
U/S Examination			
Visual Examination per Speculum			
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina			
U/S Examination			
Visual Examination per Speculum			
Comments:			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

**Other comments** .....

Date: <b>28/06/21</b>	Signed: 
Name (please print):	Place stamp/write address here:
Contact Number:	<b>DR. ALAN CLARK B.V.M.&amp;S., M.R.C.V.S</b>
AVA No: <b>17597</b>	<b>CILL DARA</b>
VPB No: <b>3602</b>	<b>118 PARKVIEW DRIVE,</b>
	<b>LANCEFIELD, VIC. 3435</b>
	<b>TEL: 0458 006 363</b>