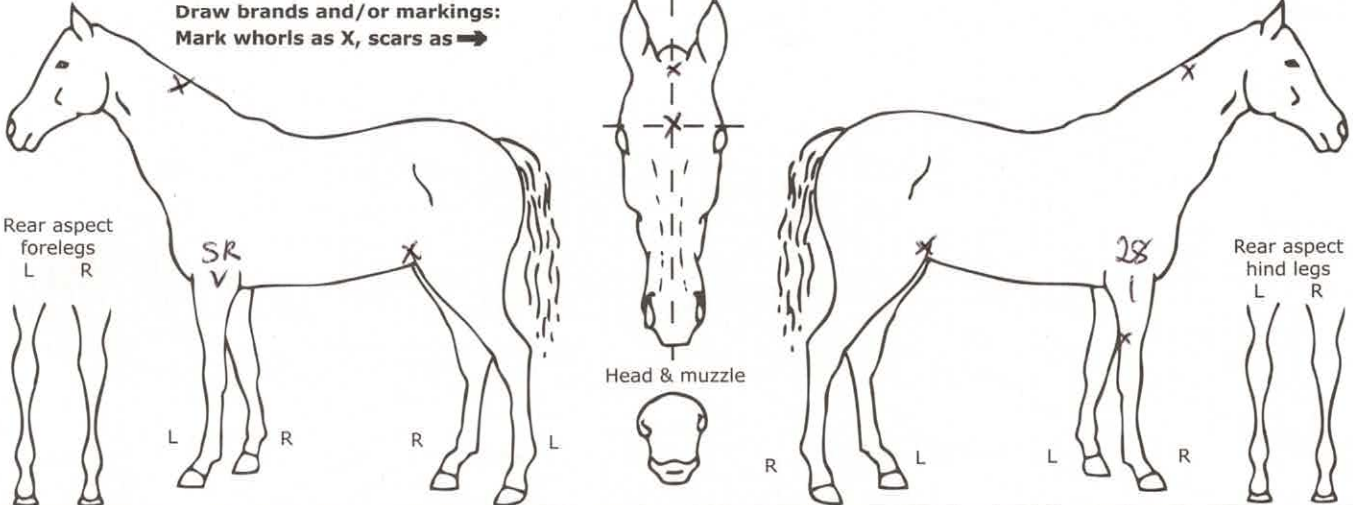




This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVacc® Vaccine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

Animal presented as: Spectacular Vision (N2)		Age/DOB: 4-10-2011
(If unnamed) Sire: MASTERCRAFTSMAN (IRE)		Dam: MISS KRISDEL (N2)
Breed: TB	Colour: Grey	Microchip No: 985125000060011
Owner (if known):		Address (if known): DIRNASEER Rd, COOTAMUNDEA NSW
Person requesting examination: OWNER		Place of examination: TWIN HILLS STUDIO



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date <div style="border: 1px solid black; padding: 2px; display: inline-block;">14-11-2020</div>	Vaccination																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Under Sedation</td><td><input type="checkbox"/></td></tr> <tr><td>Not Sedated</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Other Physical Restraint</td><td><input type="checkbox"/></td></tr> </table>	Under Sedation	<input type="checkbox"/>	Not Sedated	<input checked="" type="checkbox"/>	Other Physical Restraint	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Pregnant</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Not Pregnant</td><td><input type="checkbox"/></td></tr> </table>	Pregnant	<input checked="" type="checkbox"/>	Not Pregnant	<input type="checkbox"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>Y/N</th><th>Date</th></tr> <tr><td>Hendra (HeV)</td><td>Y 15.4.21</td></tr> <tr><td>Tetanus</td><td>N</td></tr> <tr><td>Strangles</td><td>N</td></tr> <tr><td>EHV-1,4</td><td>Y 14-6-21 (2nd)</td></tr> </table>	Y/N	Date	Hendra (HeV)	Y 15.4.21	Tetanus	N	Strangles	N	EHV-1,4	Y 14-6-21 (2nd)
Under Sedation	<input type="checkbox"/>																						
Not Sedated	<input checked="" type="checkbox"/>																						
Other Physical Restraint	<input type="checkbox"/>																						
Pregnant	<input checked="" type="checkbox"/>																						
Not Pregnant	<input type="checkbox"/>																						
Y/N	Date																						
Hendra (HeV)	Y 15.4.21																						
Tetanus	N																						
Strangles	N																						
EHV-1,4	Y 14-6-21 (2nd)																						

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left			<input checked="" type="checkbox"/>	Right			<input checked="" type="checkbox"/>			
U/S Examination	Left			<input checked="" type="checkbox"/>	Right			<input checked="" type="checkbox"/>			

Uterus	NL	Ab	NE
Manual Examination per Rectum			<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
Uterine Cysts?			<input checked="" type="checkbox"/>
Uterine Fluid?			<input checked="" type="checkbox"/>

Cervix	NL	Ab	NE
Manual Examination per Vagina			<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina			<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

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

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

Comments: **NB: not all parts of the uterus can be examined by ultrasound in a heavily pregnant mare.**

Other comments

Date: 1/7/21	Signed:
Name (please print): DR JESSICA SAID	Place stamp/write address here:
Contact Number: 0499800982	
AVA No: 20817	VPB No: N11430

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