



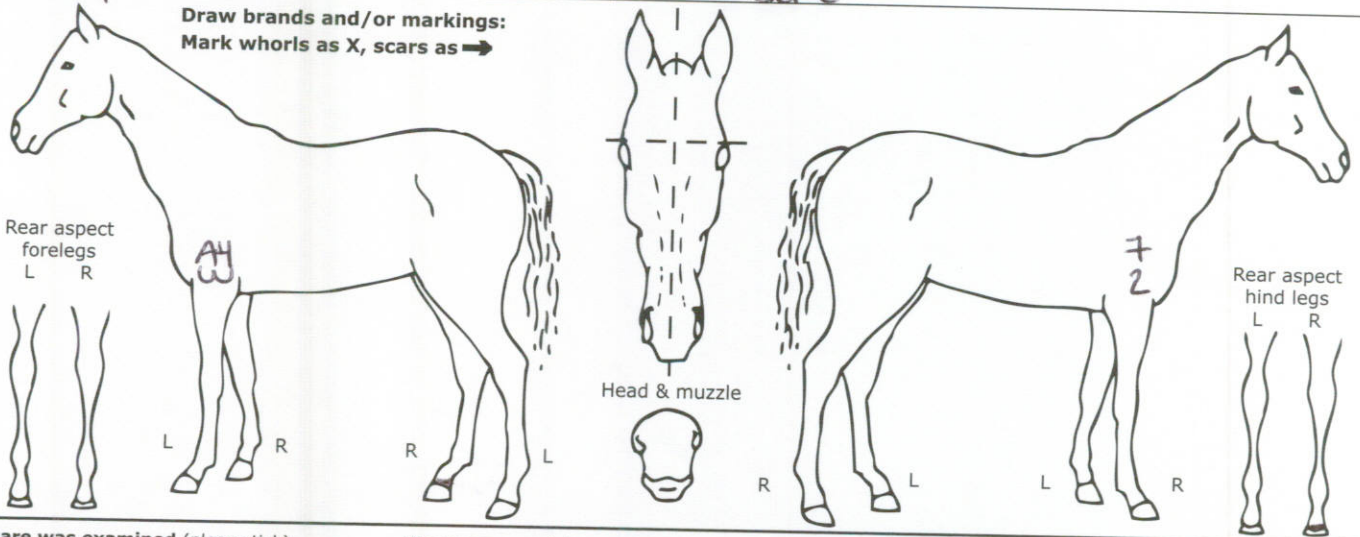
Equine Veterinarians Australia

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 EquiVacc or any other medication.

| | | |
|---|----------------------|--|
| Animal presented as: EMINENCE | | Age/DOB: 2012 |
| (If unnamed) Sire: BERNARDINI | | Dam: EMISSARY |
| Breed: THOROUGHBRED | Colour: BROWN | Microchip No: 985F100012020485 |
| Owner (if known): CORUMBENE | | Address (if known): |
| Person requesting examination: TOBY FRAZER | | Place of examination: CORUMBENE |



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 2019

(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: 3cm | Left: 2cm | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Right: 3cm | Right: 2cm | |

| 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 type="checkbox"/> | |
| Uterine Fluid | <input type="checkbox"/> | <input type="checkbox"/> | |
| Comments | | | |

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

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

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

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

Other comments

| | |
|---|---|
| Date: 5/10/2020 | Signed: |
| Name (please print): Toby Fraser | Place stamp/write address here: Moose Lot Hospro 10607 |
| Contact Number: 63722005 | |
| AVA No: | VPB No: N2487 |