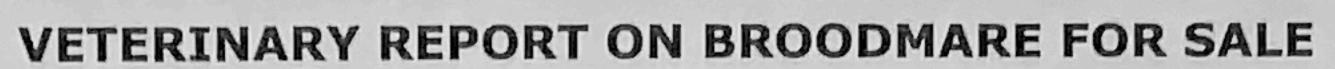


Equine Veterinarians Australia A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852





| Animal presented | d as: | | MA | PI | U | | | | | | | | Age/DOE | 3: 7 | 015 | |
|-------------------------------|----------|---------|---------|---------------------|-------------------------|--|----------------------|----------------------------------|----------|---------|-----------|-------------------------|--------------------------|-------|---------|----------|
| (If unnamed) Sire: | | | | | | | | | Dar | n: – | SV | HSI | | | | |
| Breed: TB Colour: B | | | | | | | Au Dam: TSV H | | | | | | 121051 | 62 | | |
| Owner (if known): | | | | Address (if known): | | | | | | | | | | | | |
| Person requesting | | 3. | SIA | NE | | Place of examination: J. RAMSEY RACING | | | | | | | | | | |
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| is mare was exami | ined (pl | lease t | tick) | | The mai | re was (pl | | | Re | ported | last serv | ve date | Vaccinatio | n Y/I | N I | Date |
| nder Sedation | | - | | | Pregna | | | | | | | | Hendra (HeV |) 4 | 13 | 18 |
| ot Sedated | | | | | Not Pr | egnant | | | | | | | etanus Strangles | | | |
| ther Physical Restrai | nt | | | | | | | | | | | | HV-1,4 | | | |
| varies | | NL | Ab I | NE | | NL Ab | NE T | otal O | varian D | imensio | ns Lar | gest Follicle Diamete | er Comme | ents: | | |
| lanual Examination per Rectum | Left | × | | | Right | × | 2 | 5 x | 15 | R | | 12 mm | | | | |
| U/S Examination | 1064 | | | | Right | × 30x2 | | | | L | | 20mm | mm | | | |
| terus | NL | A | b | NE | | Cervix | | | NL | Ab | NE | Vagina | | NL | Ab | NE |
| 1anual Examination per Rectum | × | | | | | Manua | l Examina per Vag | TO COMPANY SECTION AND ADDRESS. | | | × | Manual E | xamination per Vagina | | | < |
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| | Υ | ľ | V | NE | | | l Examina | CALL TOURS OF THE REAL PROPERTY. | | | × | | xamination | | | 1 |
| Uterine Cysts? | | × | | | per Speculum Comments: | | | | | | | per Speculum Comments: | | | | |
| Uterine Fluid? | | × | | | | | | | V N | | ALE: | Udder | Udder NL A | | Ab | NI |
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Date: Signed: Name (please print): T. JORGCNSEN Place stamp/write address here: Contact Number: VPB No: AVA No: