



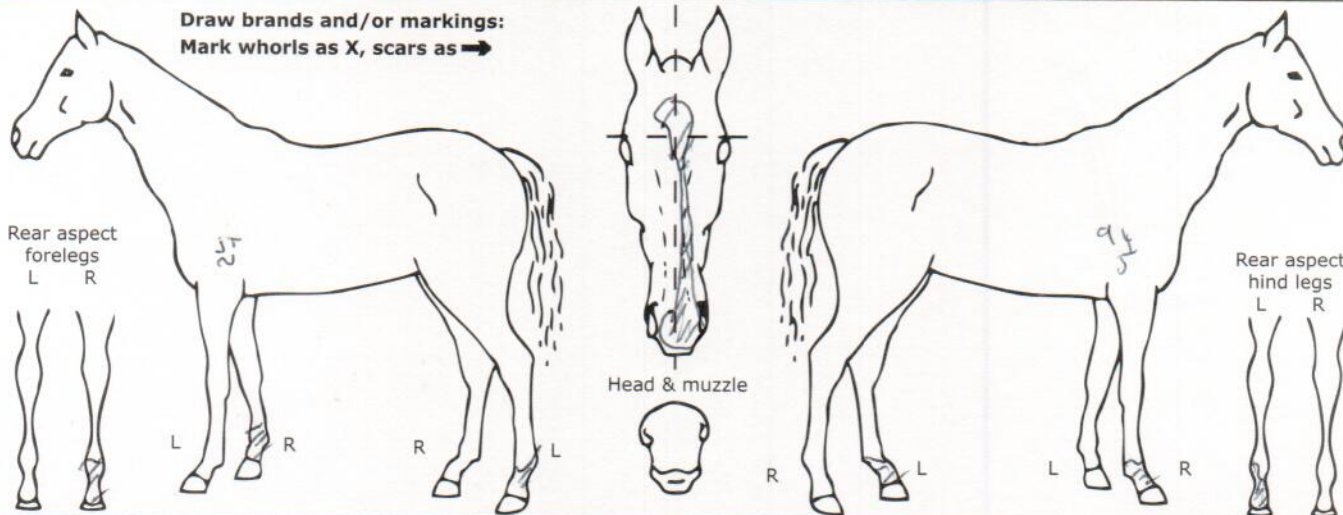
# Equine Veterinarians Australia

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: <u>DEUTSCH STAN.</u>   |                    | Age/DOB: <u>2015</u>                          |
| (If unnamed) Sire:                          |                    | Dam:  |
| Breed: <u>TS</u>                            | Colour: <u>BAY</u> | Microchip No: <u>985100012100074</u>          |
| Owner (if known):                           |                    | Address (if known):                           |
| Person requesting examination: <u>OWNER</u> |                    | Place of examination: <u>MULLAGLASS STUD.</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

(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: <u>4.2cm x 4.4cm</u>                | Left: <u>3.8cm</u>                         |          |
| U/S Examination               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Right: <u>4.5cm x 4.2cm</u>               | Right: <u>3.0 cm.</u>                      |          |

| 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"/>            | <u>In Season.</u> |
| Uterine Cysts                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                   |
| Uterine Fluid                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                   |
| Comments                      | <input type="checkbox"/>            | <input type="checkbox"/>            |                   |

| 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| Comments                        | <input type="checkbox"/>            | <input type="checkbox"/>            |         |

| 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| Comments                        | <input type="checkbox"/>            | <input type="checkbox"/>            |         |

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

| Udder              |               |
|--------------------|---------------|
| Visual Examination | <u>Normal</u> |
| Manual Examination | <u>Normal</u> |

Other comments

|                                      |                                 |
|--------------------------------------|---------------------------------|
| Date: <u>20/8/19.</u>                | Signed: <u>Amy Duff</u>         |
| Name (please print): <u>AMY DUFF</u> | Place stamp/write address here: |
| Contact Number: <u>02 65451522</u>   |                                 |
| AVA No: <u>10746</u>                 |                                 |

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