



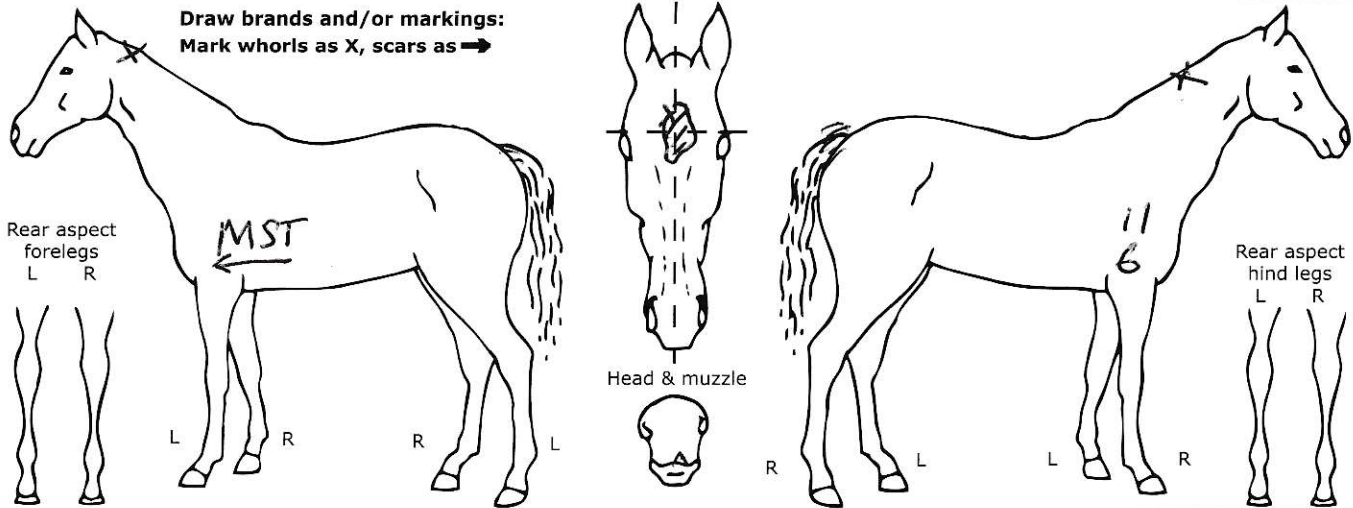
Equine Veterinarians Australia

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 EquiVax® Vaccine or any other medication.

Animal presented as: NEW ECHELON		Age/DOB: 14/9/2016
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 985102012113184
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: BASINGHALL FARM



This mare was examined (please tick)

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input 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

N/A

(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: 5.8 cms x 5.8cm	Left: CL + 38mm	DIESTRUS
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 5.4cms x 5.6cm	Right: CL	

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"/>	WITHIN NORMAL LIMITS
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			

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

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

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

Udder	
Visual Examination	WITHIN NORMAL LIMITS
Manual Examination	N/A

Other comments

Date: 18.9.2019	Signed:
Name (please print): DAVID RAILTON	Place stamp/wr: AVENEL EQUINE HOSPITAL
Contact Number: 0357962468	PO BOX 74,
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