



Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 009 522 852



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 EquiV[®] Vaccine or any other medication.

Animal presented as: **REAL BEAUTY**

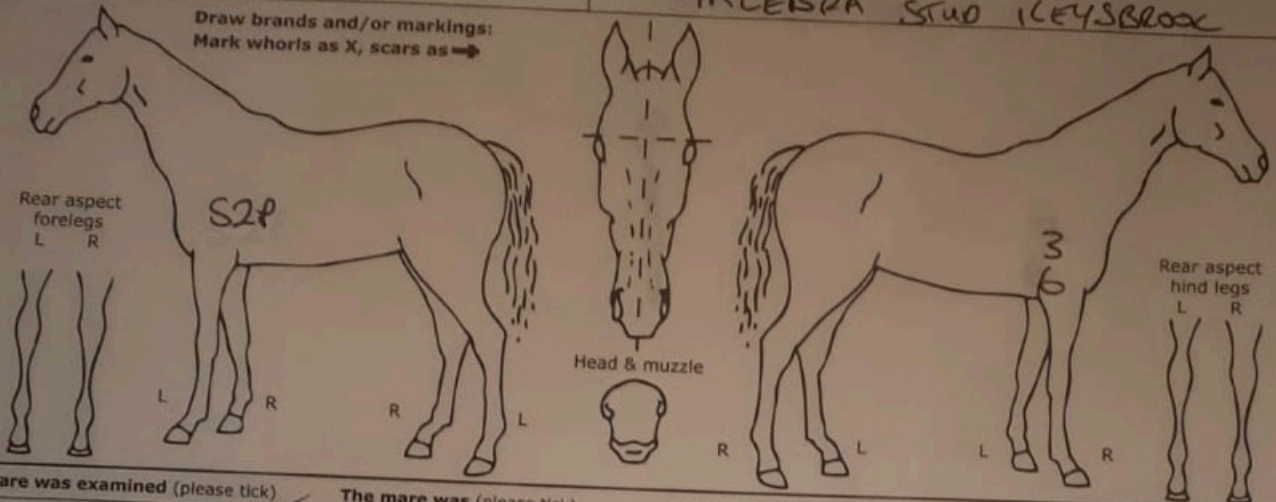
(If unnamed) Sire: _____ Age/DOB: **2010**

Breed: **T/B** Colour: **BAI** Dam: _____

Owner (if known): **MR BOB PETERS** Microchip No: _____

Person requesting examination: **MR BOB PETERS** Address (if known): **YALEBRA STUD KEYSBROOK**

Place of examination: **YALEBRA STUD KEYSBROOK**



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

Vaccination Y/N Date

Hendra (HeV)		
Tetanus	<input checked="" type="checkbox"/>	
Strangles	<input checked="" type="checkbox"/>	
EHV-1,4		

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"/>			31 mm left	20 mm left	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			42 mm right	30 mm right	

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"/>		
Comments:			

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			
Comments:			

Other comments

Date: **26/2/20**

Name (please print): **DR NICH OLSON**

Contact Number: _____

AVA No: _____ VPB No: _____

Signed:

Place stamp/write address here:
LARILL LATS
1774 MANDURAM RD
PORT KENNEDY

24185

6172