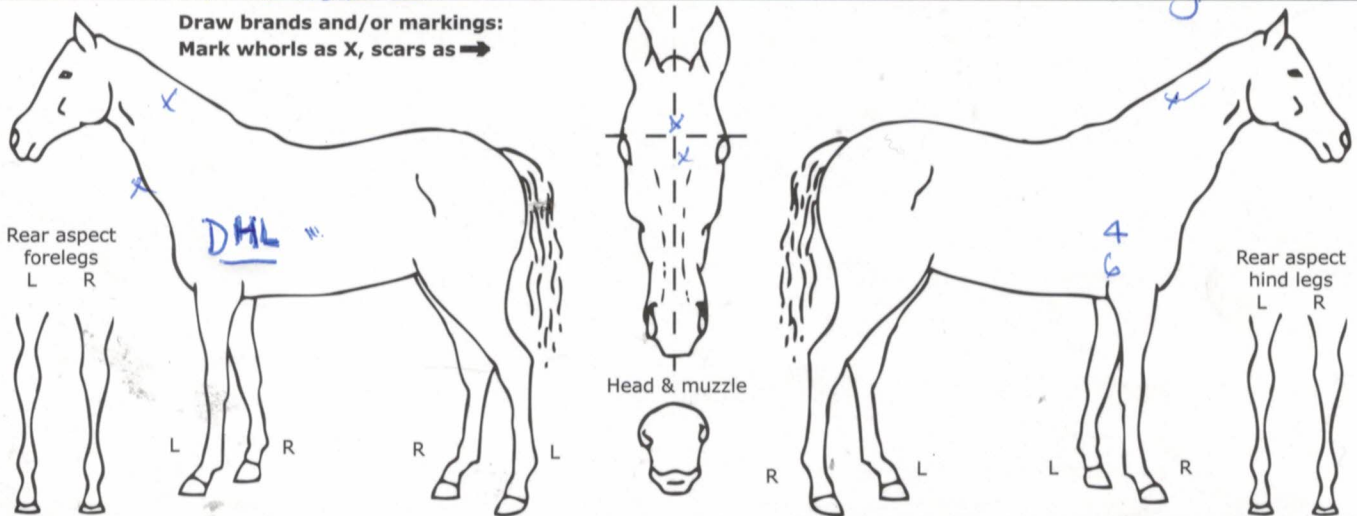




This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVax® Vaccine or any other medication.

Animal presented as: <u>Santa Anna Way</u>		Age/DOB: <u>3yo</u>
(If unnamed) Sire:		Dam:
Breed: <u>TB</u>	Colour: <u>Chestnut</u>	Microchip No: <u>985100012118919</u>
Owner (if known):		Address (if known):
Person requesting examination: <u>T. Corstens</u>		Place of examination: <u>Lurg, Vic</u>



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 checked="" type="checkbox"/>
Not Pregnant	<input type="checkbox"/>

Reported last serve date

21-9-19.

Vaccination Y/N Date

Hendra (HeV)	<u>Y</u>	<u>27/7/19</u>
Tetanus	<u>Y</u>	<u>24/7/18</u>
Strangles	<u>Y</u>	<u>24/7/18</u>
EHV-1,4	<input type="checkbox"/>	<input type="checkbox"/>

(No crush available)

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N	NE
Uterine Cysts?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Uterine Fluid?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Other comments

Date: <u>21.5.20</u>	Signed: <u>Maxine L Brain</u>
Name (please print): <u>Maxine L Brain</u>	Place stamp/write address here:
Contact Number: <u>0417 134 150</u>	
AVA No: <u>1761</u>	VPB No: <u>2289</u>

Advantage Equine Pty Ltd

PO Box 52
Ascot Vale VIC 3032
Ph: 03 9376 3942

21246