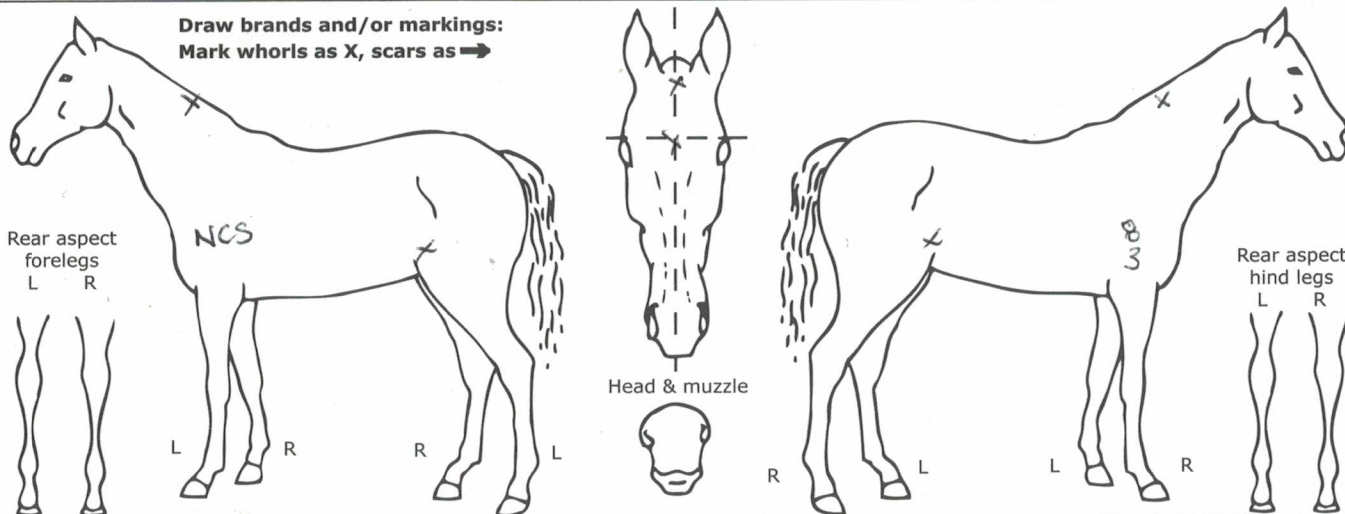




This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: <b>All Aflutter</b>		Age/DOB: <b>13.08.2013</b>
(If unnamed) Sire: <b>SIDEREUS</b>		Dam: <b>GLASS HEART</b>
Breed: <b>TB</b>	Colour: <b>GREY</b>	Microchip No: <b>985100012037231</b>
Owner (if known): <b>JOHN NORTH</b>		Address (if known): <b>AS BELOW.</b>
Person requesting examination: <b>JOHN NORTH</b>		Place of examination: <b>BOWNESS STUD, YOUNG</b>



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

Reported last serve date

**02.11.2021**

Vaccination Y/N Date

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

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

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

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

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>	<input 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: <b>14.03.2022</b>	Signed: <b>Sally Frost</b>
Name (please print): <b>SALLY A. FROST</b>	Place stamp/write address here:
Contact Number: <b>02 6942 2033</b>	<b>COOTAMUNDRA VETERINARY CLINIC</b>
AVA No: <b>N10263</b>	<b>63 MURRAY ST</b>
VPB No: <b>20573</b>	<b>COOTAMUNDRA NSW 2590</b>
	<b>PH: 02 6942 2033</b>

**21577**