



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® Vaccine or any other medication.

Animal presented as: ROARING MISS		Age/DOB: 11/09/2019
(If unnamed) Sire:		Dam:
Breed: DB	Colour: chestnut	Microchip No: 985100012176781
Owner (if known):		Address (if known):
Person requesting examination: hehena		Place of examination: hehena Pre-training

Draw brands and/or markings:
Mark whorls as X, scars as →

This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	MAIDEN
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>	
Other Physical Restraint	<input type="checkbox"/>			

(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: 65 x 70mm	Left: 25mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 90mm x 75mm	Right: 55mm	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			in oestrus		
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAD		
Comments					
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAD		
Comments					
Udder					
Visual Examination	NAD				
Manual Examination	NAD				

Other comments	

Date: 21-11-22	Signed: Katie Wilcox
Name (please print): KATIE WILCOX	Place stamp/write address here:
Contact Number: 0429815596	10140 AVENEL EQUINE HOSPITAL PO BOX 74, AVENEL VIC 3664 Ph: (03) 5796 2468
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