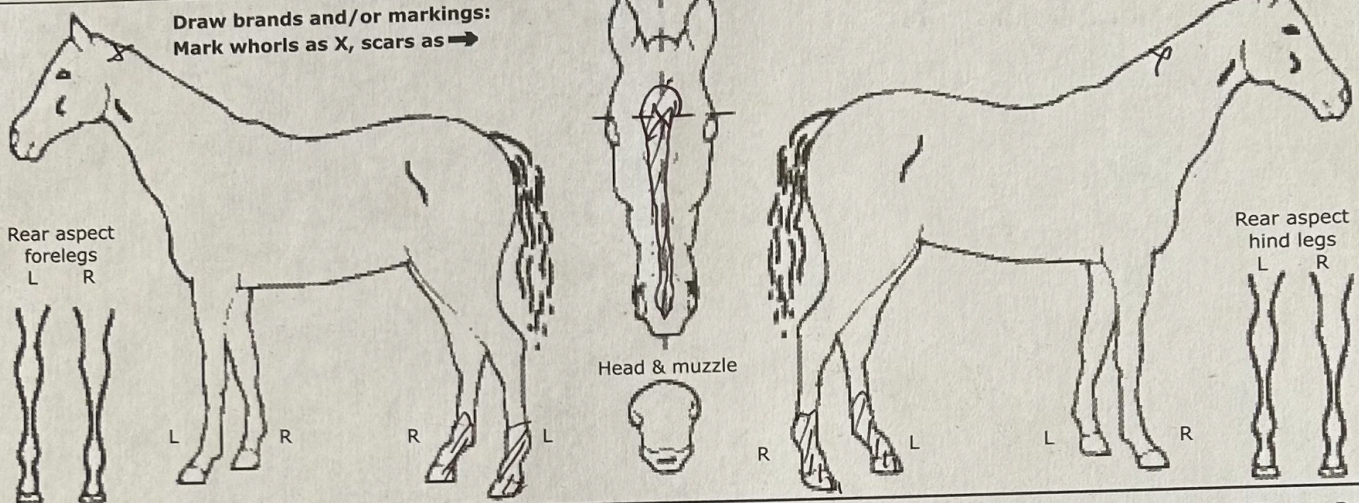


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: <u>Mia Diva (GB)</u>		Age/DOB: <u>8/4/2017</u>	
(If unnamed) Sire: <u>Exceed And Excel</u>		Dam: <u>Imperialistic Diva (IRE)</u>	
Breed: <u>TB</u>	Colour: <u>chestnut</u>	Microchip No: <u>985101045270563</u>	
Owner (if known):		Address (if known):	
Person requesting examination:		Place of examination: <u>Ridgmont Farm</u>	



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

Reported last serve date

8/9/2022

Vaccination Y/N Date

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

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"/>			3.3 x 2.5 cm	5mm	left
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			4.1 x 2.2 cm	5mm	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:			

Vulva	Y	N	NE
Caslicked / repairs?		<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:			

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

Other comments .....

Date: <u>7/7/23</u>	Signed: <u>[Signature]</u>
Name (please print): <u>E BARTON</u>	Place stamp/write address here:
Contact Number: <u>5504 3820</u>	<u>North Equine Centre</u>
AVA No: <u>23244</u>	<u>Smooze Valley Close Smeaton 2337</u>
VPB No: <u>N9810</u>	