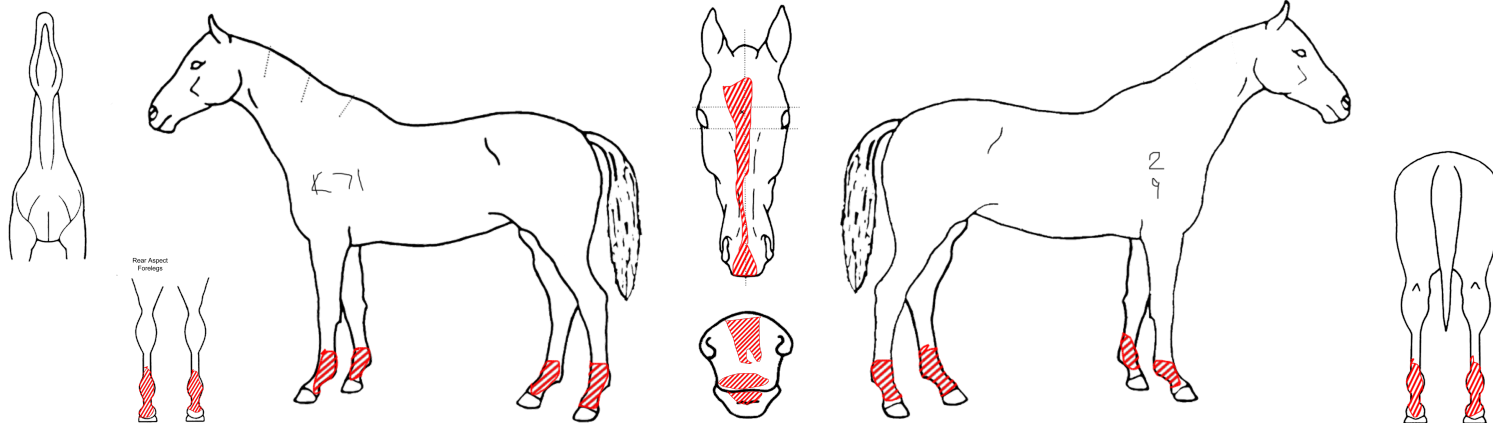


*This examination is limited to an assessment of the specified matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVaccine or any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

Animal presented as: Set On You (AUS)		
(If unnamed) Sire: Palentino (AUS)		Dam: Wings Of Alice (AUS)
Colour: Bay	Breed: Thoroughbred	Sex: Filly
Microchip No: 985100012170137		DOB: 30/08/2019
Owner (if known):		
Person requesting examination: Willowgrove Stud		Place of examination: Willowgrove Stud



**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 service date**


(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions	Largest Follicle Diameter	Comments
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 5cm x 4 cm	Left: 2.09cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 4.6cm x 4cm	Right: 2.25cm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Vulva</b>	<b>Y</b>	<b>N</b>	
<b>Cervix</b>	<b>Y</b>	<b>N</b>	<b>Details</b>	Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>General Clinical Exam</b>			
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Udder Examination	WNL		
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Feet Examination	WNL. Unshod		
				Eye Examination	WNL		

**Other relevant clinical abnormalities:**

Date: 05-08-2024	
Name: Kellie Adamson	
Contact Number:	
Address: 78 Fulwoods Rd Mount Pleasant 5235	
AVA No: 112675      VPB No: 3276	

Signed: Signature

Equine Veterinarians Australia - Thoroughbred Broodmare Report