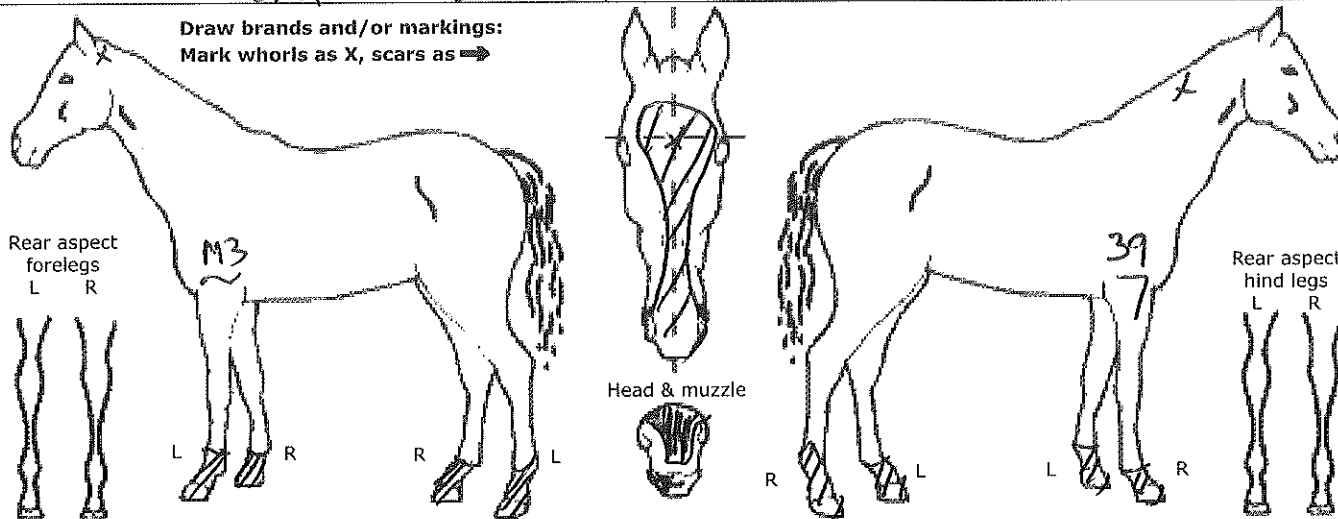


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVacc or any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

Animal presented as: Red Sista		Age/DOB: 8 years
(If unnamed) Sire: —		Dam: —
Breed: Thoroughbred	Colour: chestnut	Microchip No: 985100012132143
Owner (if known): Almavale Stud		Address (if known):
Person requesting examination: Verna Metcalfe		Place of examination: Almavale Stud

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



This mare was examined (please tick)

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input checked="" type="checkbox"/>
Other Physical Restraint	

The mare was (please tick)

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

Reported last serve date

13/10/24

Vaccination Y/N Date

Hendra (HeV)		
Tetanus		
Strangles		
EHV-1,4		

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"/>			left 60mm	30mm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			right 50mm	15mm	

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: 28/4/25	Signed: [Signature]
Name (please print): David O'Meara	Place stamp/write address here:
Contact Number: 6545 1333	Scone Equine Hospital
AVA No: 6233	PO Box 280
VPB No: 5561	Scone NSW 2337