



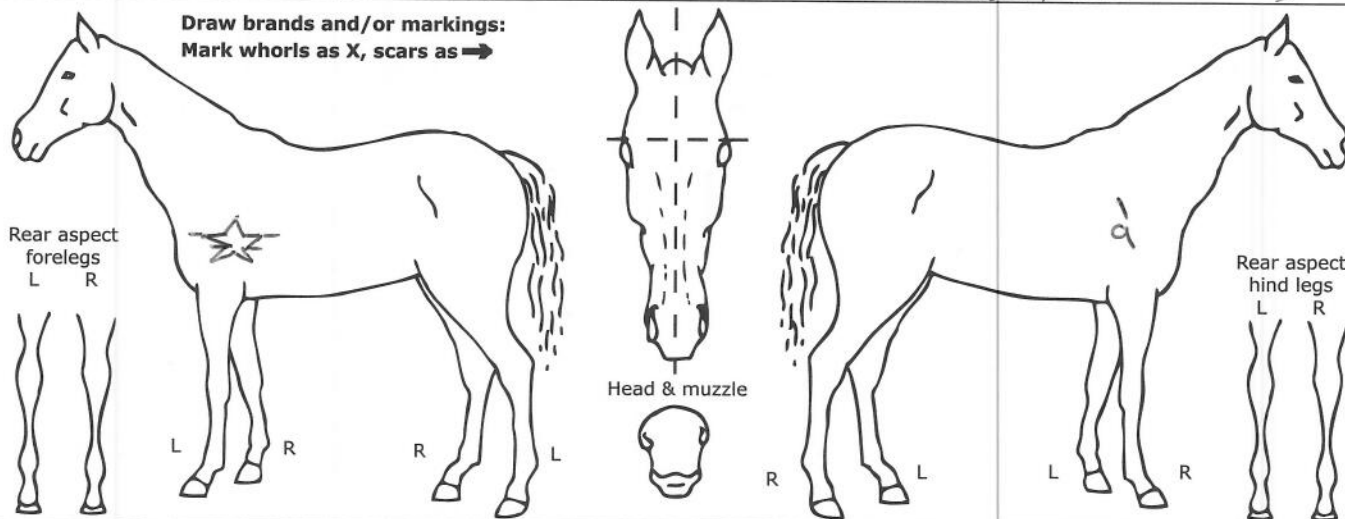
Equine Veterinarians Australia

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: <u>So Loxan</u>		Age/DOB: <u>2aa</u>
(If unnamed) Sire:		Dam:
Breed: <u>TB</u>	Colour: <u>Brown</u>	Microchip No: <u>985 1000 1216915</u>
Owner (if known):		Address (if known):
Person requesting examination: <u>Owner</u>		Place of examination: <u>MULLAGHASS STUG</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

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Vaccination Y/N Date

Hendra (HeV)	<input checked="" type="checkbox"/>	
Tetanus	<input checked="" type="checkbox"/>	
Strangles	<input checked="" type="checkbox"/>	
EHV-1,4	<input checked="" 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"/>			<u>4.5cm x 3.9cm</u>	<u>1.5cm</u>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<u>4.4cm x 1.6cm</u>	<u>2.2cm</u>	

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>4/6/25</u>	Signed:
Name (please print): <u>R. McLennan</u>	Place stamp/write address here:
Contact Number: <u>0429837029</u>	<u>Darbock Vet Clinic</u>
AVA No:	<u>66 Mandoura Road</u>
VPB No: <u>855</u>	<u>Score NSW 2337</u>

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