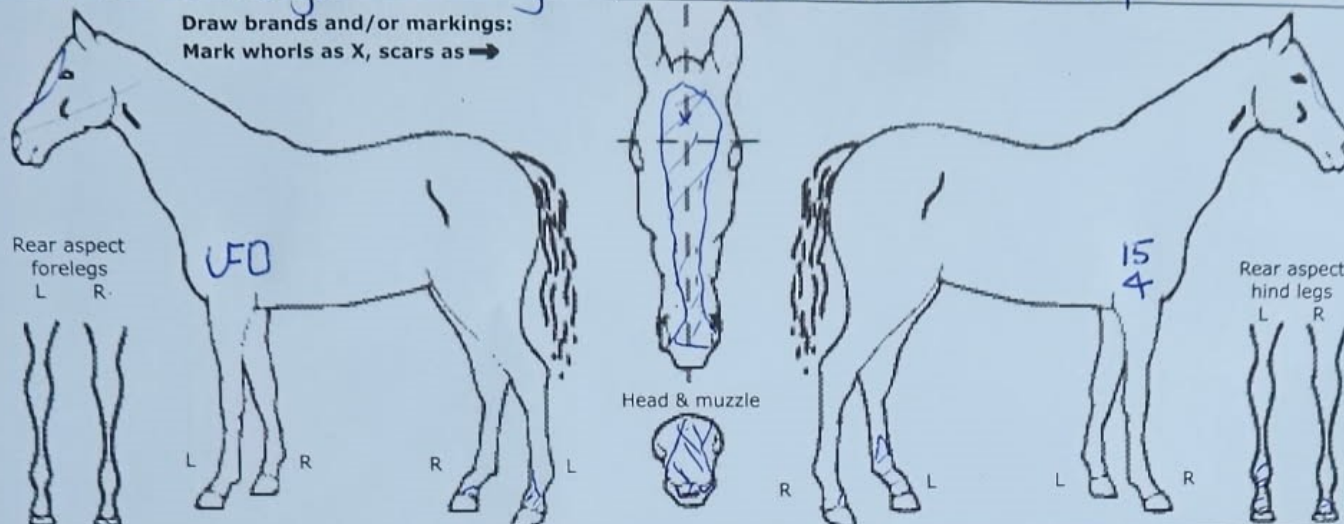


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVet® Vaccine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

Animal presented as: <b>Kaimu</b>		Age/DOB: <b>18/10/2014</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>Bay</b>	Microchip No: <b>985100012054295</b>
Owner (if known): <b>Grenville Stud</b>	Address (if known): <b>Hagley Station Rd, Hagley/Whitemore</b>	
Person requesting examination: <b>McCollough Family</b>	Place of examination: <b>Grenville Stud, Whitemore</b>	



This mare was examined (please tick)

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

The mare was (please tick)

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

Reported last serve date

**6/11/24**

Vaccination Y/N Date

Hendra (HeV)	<b>N</b>	
Tetanus	<b>Y</b>	<b>23/6</b>
Strangles	<b>Y</b>	<b>23/6</b>
EHV-1,4	<b>N</b>	

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/S Examination	Left			<input checked="" type="checkbox"/>	Right			<input checked="" type="checkbox"/>			

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	<b>Y</b>	<b>N</b>	<b>NE</b>
Uterine Cysts?			<input checked="" type="checkbox"/>
Uterine Fluid?			<input checked="" type="checkbox"/>
Comments: <b>in foal</b>			

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?		<b>N</b>	
Comments: <b>Has had a previous</b>			

**caslick but does not have one at the**

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: **Ovaries not examined as mare in foal. CTUP is 6mm (within normal limits)**

Date: <b>23 JUN 25</b>	Signed:
Name (please print): <b>ANDREA BOLAND</b>	Place stamp/write address here:
Contact Number: <b>0428 437 237</b>	<b>NARA VETERINARY</b>
AVA No: <b>16962</b>	<b>804 FORTH RD</b>
VPB No: <b>T634</b>	<b>RORTH</b>
	<b>TAS 7310</b>