

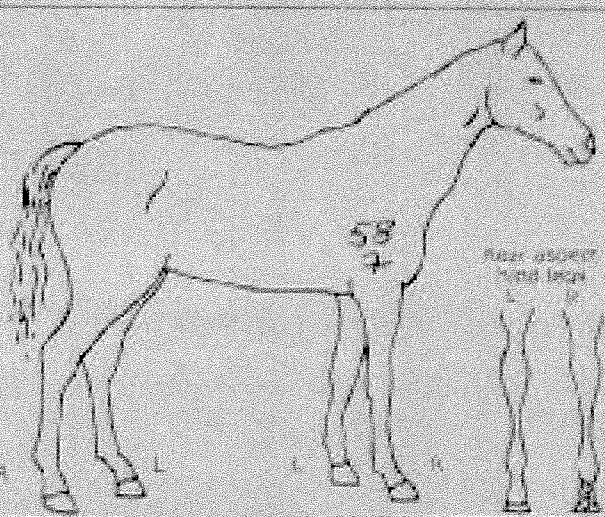
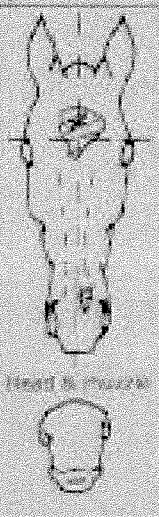
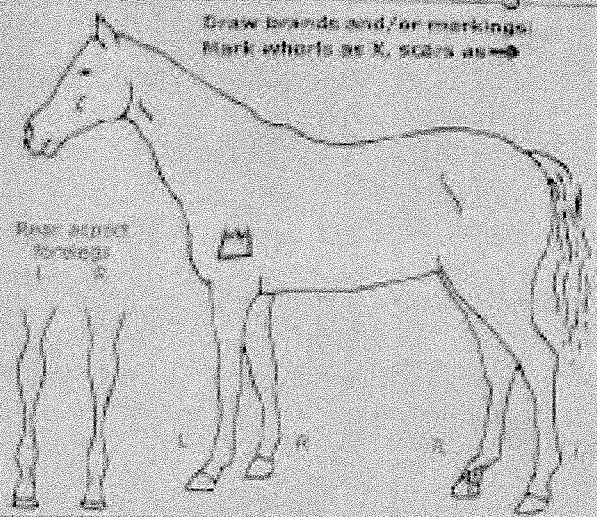
Animal presented as: **Eraser** Age/DOB: **2007**

(If unspayed) Sex: **Female** Dam: **Mathematical**
 Breed: **TB** Colour: **Bay** Microchip No: **985100010914273**

Owner (if known): **John Rogers** Address (if known): **13 Kirwan Rd, Beaudesert**

Person requesting examination: **John Rogers** Place of examination: **13 Kirwan Rd, Beaudesert**

Draw brands and/or markings. Mark whorls as X, scars as →



Where was examined (please tick):
 Under Sedation
 Not Sedated
 Physical Restraint

The mare was (please tick):
 Pregnant
 Not Pregnant

Reported last serve date:
09.12.16

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

Exam	Y	N	Total Ovarian Dimensions (mm)	Left	Right	Largest Follicle Diameter (mm)	Left	Right	Comments
Rectal Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>							

Exam	Y	N	Details
Rectal Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			Late Stage Pregnancy

Exam	Y	N	Details
Rectal Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Vaginal Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cervix	<input type="checkbox"/>	<input type="checkbox"/>	

Exam	Y	N	Details
Rectal Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Vaginal Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			

Exam	Y	N	Details
Cervix	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			
Udder			
Vaginal Examination			WNL
Rectal Examination			

Comments: **No U/S Exam due stage of pregnancy**

Date: **11.10.17**
 Name (please print): **Selena Ayling**
 Telephone: **5544 0319**

Signed: **S. Ayling**
 Please stamp/initials address here: **11729**
 Selenia Ayling Veterinarian
 1011B