



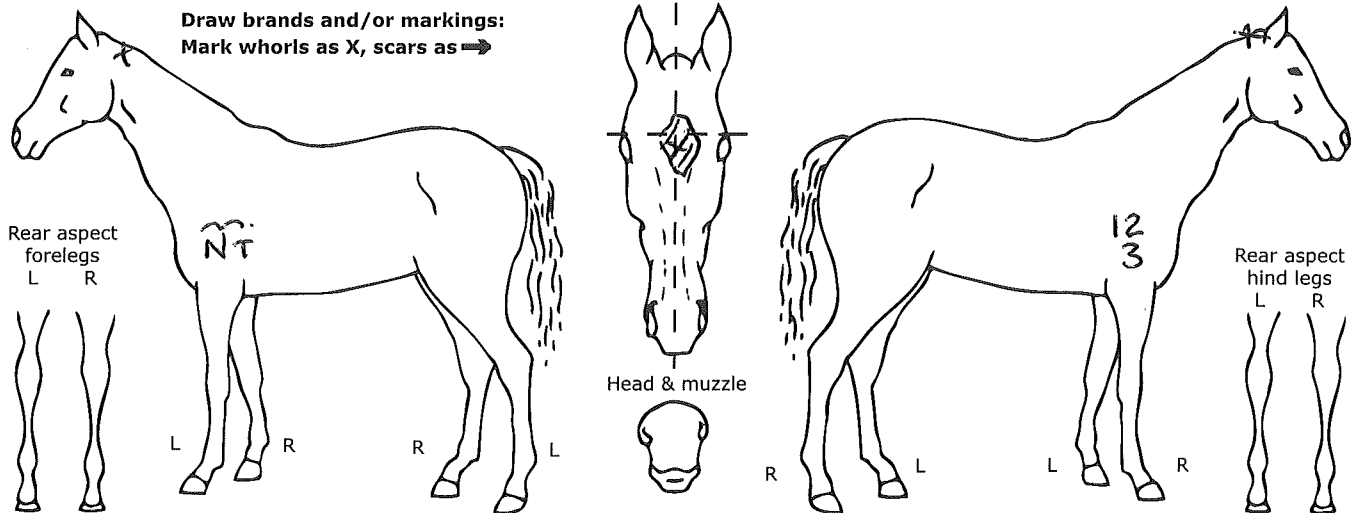
Equine Veterinarians Australia

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 Equity® Vaccine or any other medication.

Animal presented as: COROMANDEL		Age/DOB: 28/8/2013	
(If unnamed) Sire: BERNADINI		Dam: JOHAN'S TOY	
Breed: TB	Colour: BAY	Microchip No: 9851000, 2037638	
Owner (if known): MYSTERY DOWNS		Address (if known):	
Person requesting examination: L DUCKWORTH		Place of examination: FAIRVIEW PARK 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 serve date

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

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 6cm x 4cm	Left: CL + 2.0cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 4cm x 4cm	Right: 1.2cm	

Uterus	Y	N	Details
Manual Examination per Rectum	<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"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			NO SIGNIFICANT ABNORMALITY

Cervix	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			NO SIGNIFICANT ABNORMALITY

Vagina	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			NO SIGNIFICANT ABNORMALITY

Vulva	Y	N	Details
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			

Udder	
Visual Examination	<input checked="" type="checkbox"/>
Manual Examination	<input checked="" type="checkbox"/>

Other comments

Date: 24/1/2018	Signed:
Name (please print): IAN A DUCKWORTH	Place stamp/write address here: 09171
Contact Number: 0245 885200	Dr. Ian Duckworth BVSc
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