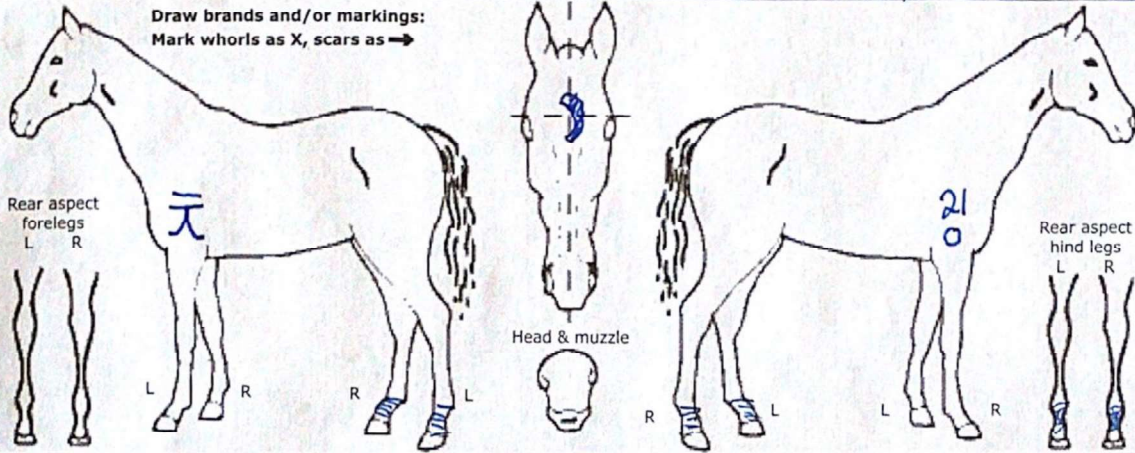


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVacc® Vaccine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

Animal presented as: Maggi Mee		Age/DOB: 10
(If unnamed) Sire:		Dam:
Breed: TB	Colour: Bay	Microchip No: 985 10001098 2053
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: Warrandale



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination	Y/N	Date
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>		Hendra (HeV)	<input checked="" type="checkbox"/>	
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus	<input checked="" type="checkbox"/>	
Other Physical Restraint	<input type="checkbox"/>				Strangles	<input checked="" type="checkbox"/>	
					EHV-1,4	<input type="checkbox"/>	

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left				Right						
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			L: 40x42 R: 48x39 L: 155 R: 34		

Uterus	NL	Ab	NE
Manual Examination per Rectum			
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			
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			
Comments:			
Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina			
U/S Examination			
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			
Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination			
Comments:			

Other comments

Date: 22/7/2024	Signed:
Name (please print): Jai Gardner	Place stamp/write address here:
Contact Number: 0429 957 597	Scenic Rim Veterinary Services PO Box 384 Baudesert 4285 Phone 07 5541 0219 Fax 07 5541 0319
AVA No: 46639	