



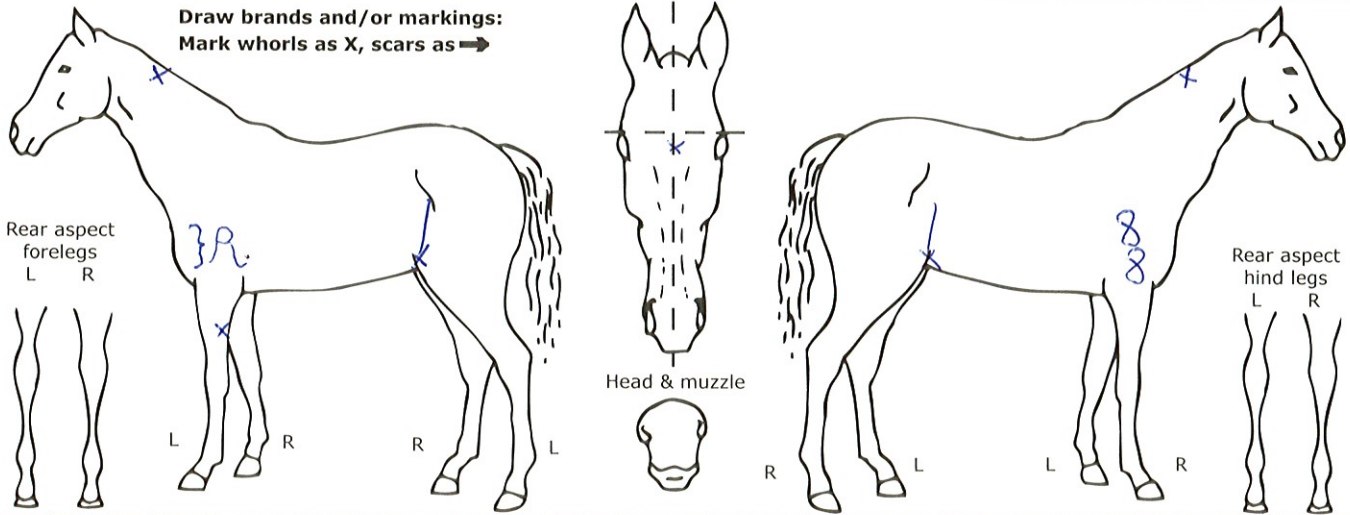
Equine Veterinarians Australia

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 Equiety® Vaccine or any other medication.

Animal presented as: HANNAH SANE		Age/DOB: 6/11/08
(If unnamed) Sire:		Dam:
Breed: TB	Colour: GREY	Microchip No: 985100010943418
Owner (if known):		Address (if known):
Person requesting examination: MAGIC MILLIONS		Place of examination: ROSEMONT STUD



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)		
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus		
Other Physical Restraint	<input type="checkbox"/>				Strangles		
					EHV-1,4		

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"/>			40 51 x 36	5mm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			20 29 x 36	12mm	

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:			
	Y	N	NE
Vulva			<input checked="" type="checkbox"/>
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:			
	Y	N	NE
Udder			<input checked="" type="checkbox"/>
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:			

Other comments

.....

Date: 15/5/20	Signed: Freya Rees-Jones
Name (please print): FREYA REES-JONES	Place stamp/write address here: ROSEMONT STUD GUNARWARRE VIC 3221
Contact Number: 0352206500	
AVA No: 90247	VPB No: 9617

21333