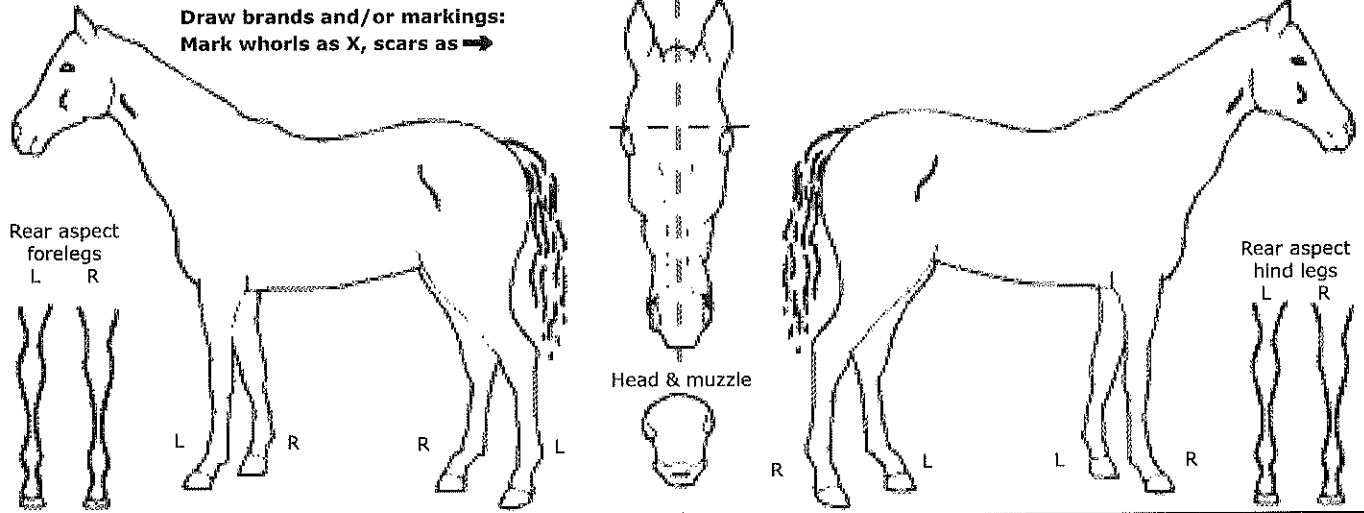


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: VANDANLER		Age/DOB: 2012
(If unnamed) Sire:		Dam:
Breed: TB	Colour: Bay	Microchip No: 985125000061370
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: HIDDEN, VC.



This mare was examined (please tick)

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

The mare was (please tick)

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

Reported last serve date

19/09/20

Vaccination	Y/N	Date
Hendra (HeV)	N	-
Tetanus	Y	1/9/20
Strangles	Y	1/9/20
EHV-1,4	Y	21/4/21

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left				Right						
U/S Examination	Left				Right						

Uterus	NL	Ab	NE
Manual Examination per Rectum			
U/S Examination			
	Y	N	NE
Uterine Cysts?			
Uterine Fluid?			
Comments:			


Cervix	NL	Ab	NE
Manual Examination per Vagina			
U/S Examination			
Visual Examination per Speculum			
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina			
U/S Examination			
Visual Examination per Speculum			
Comments:			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Other comments

Date: 28/06/21	Signed: 
Name (please print):	Place stamp/write address here:
Contact Number:	
AVA No: 17597	VPB No: 3602

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