

This examination is limited to an assessment of the specified 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: No Greater Love

(If unnamed) Sire:

Dam:

Colour: Bay/brown

Breed: Tbred

Sex: Mare

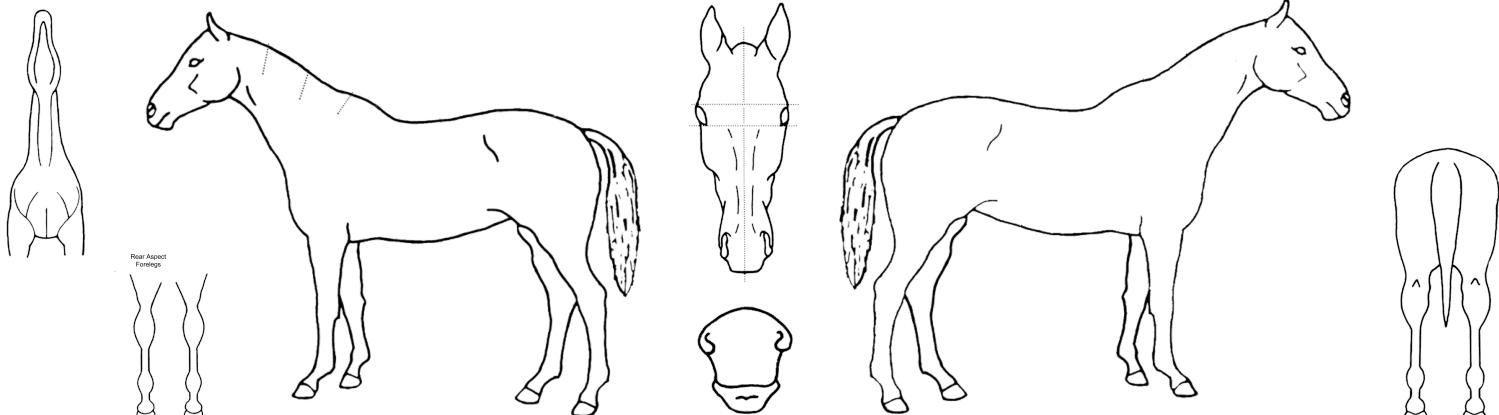
Microchip No: 985100012055533

Age/DOB: 6 years

Owner (if known):

Person requesting examination: Manager

Place of examination: Lime Country



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 service date

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

Ovaries	Y	N	Total Ovarian Dimensions	Largest Follicle Diameter	Comments
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 2.2 x 3 x 2.5 cm	Left: 1cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 3 x 3.5 x 3.8	Right: CL and 2.8 cm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts		<input checked="" type="checkbox"/>		Visual Examination		<input checked="" type="checkbox"/>	
Uterine Fluid		<input checked="" type="checkbox"/>		Abnormalities		<input checked="" type="checkbox"/>	
Abnormalities		<input checked="" type="checkbox"/>		Dioestrus	Vulva	Y	Details
Cervix	Y	N	Details				
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Caslicked	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Abnormalities	<input checked="" type="checkbox"/>	
Visual Examination		<input checked="" type="checkbox"/>			General Clinical Exam		
Abnormalities		<input checked="" type="checkbox"/>		Udder Examination	Within normal limits		

Other relevant clinical abnormalities:

Date: 06-05-2020	 Signed: <input type="text"/> Signature		
Name (please print): Karim Kooros			
Contact Number: 02 48611166			
Address: PO Box 308 Bowral NSW 2576			
AVA No: 5207	VPB No: N5630		

Equine Veterinarians Australia - Thoroughbred Broodmare Report