

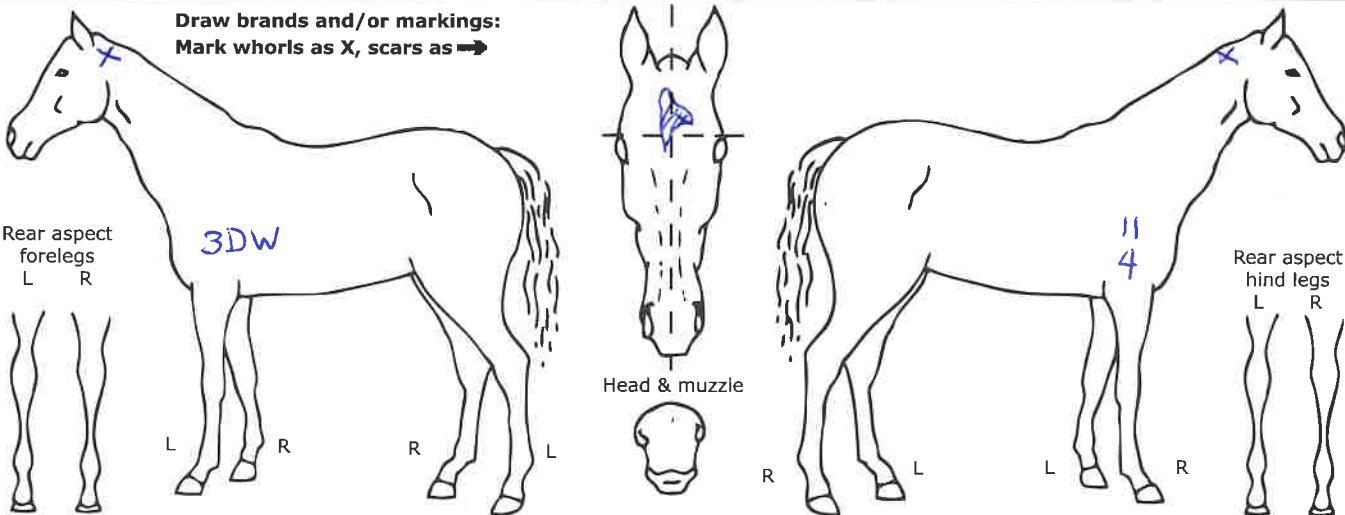


Equine Veterinarians Australia
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: <i>FURTHER TO TRY</i>		Age/DOB:
(If unnamed) Sire: <i>—</i>		Dam: <i>—</i>
Breed: <i>TB</i>	Colour: <i>Bz</i>	Microchip No:
Owner (if known):		Address (if known):
Person requesting examination: <i>B. Clark</i>		Place of examination: <i>Scenics South</i>



This mare was examined (please tick)

Under Sedation	<input type="checkbox"/>
Not Sedated	<input checked="" 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

—

Vaccination Y/N Date

Hendra (HeV)	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Strangles	<input type="checkbox"/>	<input type="checkbox"/>
EHV-1,4	<input type="checkbox"/>	<input type="checkbox"/>

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"/>			40x40x40mm	30mm	NAD
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			50x50x50mm	45mm	NAD

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:	<i>Oestrous Oedema 4/5</i>		

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:	<i>NAD</i>		

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:	<i>NAD</i>		

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

Other comments *NAD = No Abnormality Detected*

Date: <i>1-5-2020</i>	Signed:
Name (please print): <i>Conor Lavers</i>	Place stamp/write address here:
Contact Number: <i>02 65451333</i>	<i>Scenics Equine Hospital 106 Liverpool St Scenics NSW 2327</i>
AVA No: <i>6517</i>	VPB No: <i>N56.5</i>

20187