



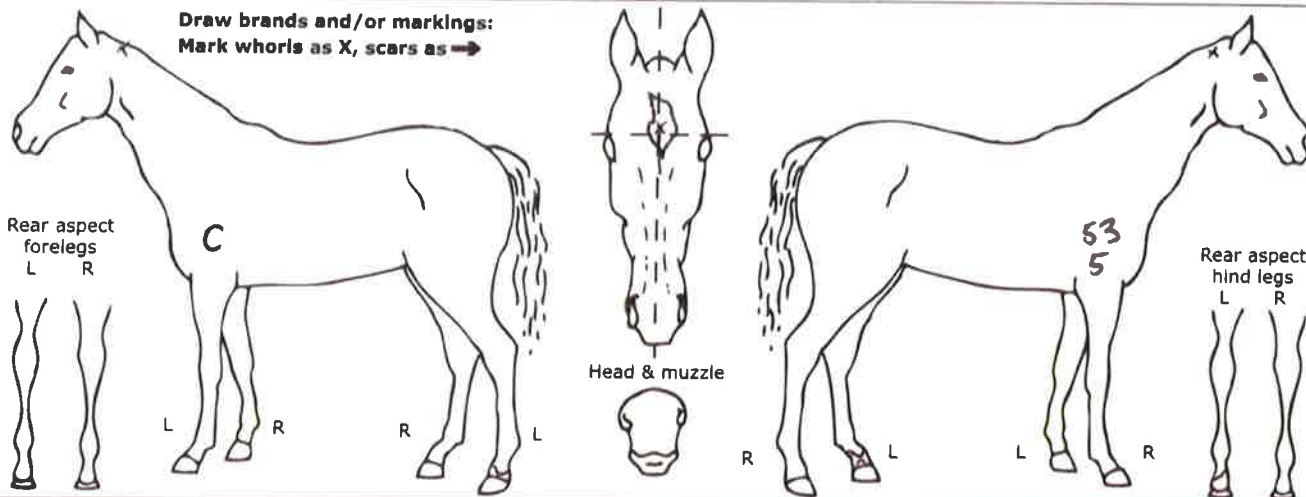
Equine Veterinarians Australia

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: SYMI		Age/DOB: 370
(If unnamed) Sire:		Dam:
Breed: THOROUGHBRED	Colour: BAY	Microchip No: 985700012058172
Owner (if known):		Address (if known):
Person requesting examination: NEWGATE FARM		Place of examination: OAK RIDGE



This mare was examined (please tick)

The mare was (please tick)

Reported last serve date

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

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

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

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 48mm x 35mm	Left: 2mm	NORMAL
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 47mm x 40mm	Right: 9mm	CORPUS LUTEUM

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<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 type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	NORMAL
Comments	<input type="checkbox"/>	<input type="checkbox"/>	NORMAL	Vulva	Y	N	Details
				Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Comments	<input type="checkbox"/>	<input type="checkbox"/>	NORMAL

Cervix	Y	N	Details	Udder
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visual Examination
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		NORMAL
Comments	<input type="checkbox"/>	<input type="checkbox"/>	NORMAL	NORMAL

Other comments

Date: **30/4/2019**

Name (please print): **ILONA BAYLISS MA VETMB**

Contact Number: **02 93977722**

AVA No: **02 93977722** VPB No: **N9264**

Signed: **Thayliss**

Place stamp/write address here: **11807**

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