



Equine Veterinarians Australia

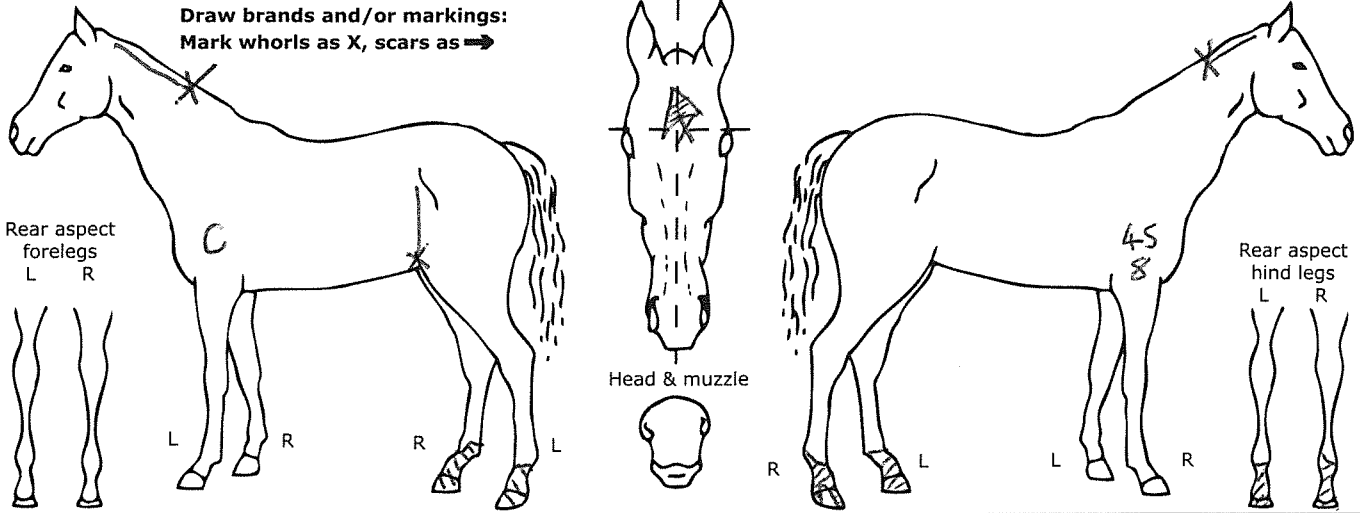
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852

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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: PETTA GAYE		Age/DOB: 19 YEARS
(If unnamed) Sire:		Dam:
Breed: THOROUGHBRED	Colour: BAY	Microchip No: <input checked="" type="checkbox"/>
Owner (if known):	Address (if known):	
Person requesting examination: K. WISNEWSKI	Place of examination: HILLSIDE THOROUGHBREDS	



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

(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: 62 mm	Left: 35	CORPUS LUTEUM
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 35 mm	Right: <input checked="" type="checkbox"/>	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MULTIPLE, COALESCING AT BIFURCATION		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NORMAL DIOESTRUS		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder					
Visual Examination	<input checked="" type="checkbox"/>				
Manual Examination	<input checked="" type="checkbox"/>				

Other comments **DIOESTRUS**

Date: 07.06.18	Signed: Claire Brown
Name (please print): CLAIRE BROWN BkMed MRCVS	Place stamp/write address here: 07734 SEYMOUR EQUINE CLINIC 100 POPPLES LANE HILLDENE, VIC 3660
Contact Number: 0429 028 095	
AVA No: 19097	VPB No: 6275