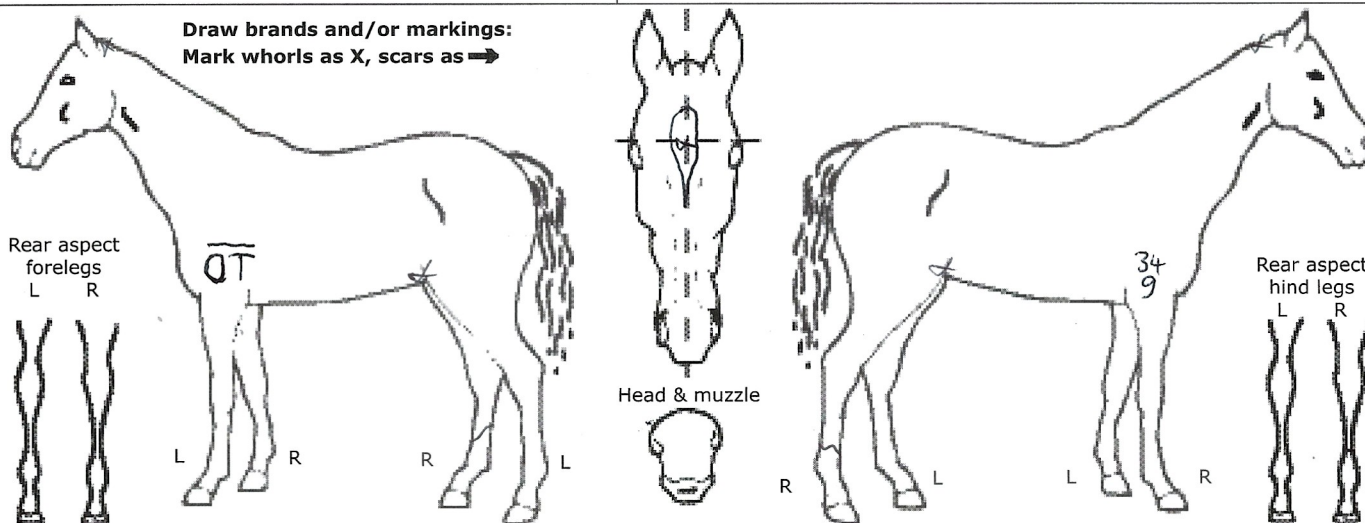


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: <b>VAGRANT</b>		Age/DOB: <b>2019</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>Chestnut</b>	Microchip No: <b>985100012163643</b>
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: <b>GLENESK TB'S</b>

Draw brands and/or markings:  
Mark whorls as X, scars as ➡



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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L: 52 x 43mm	L: 11mm	
U/S Examination	Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R: 42 x 44mm	R: 10mm	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N	NE
Uterine Cysts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uterine Fluid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

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

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: **Anaesthetised**  
**Maiden mare**

Date: <b>29/4/25</b>	Signed: 
Name (please print): <b>RACHEL O' HIGGINS</b>	Place stamp/write address here:
Contact Number: <b>02 4927 6135</b>	<b>NEWCASTLE EQUINE CENTRE</b>
AVA No: <b>26493</b>	<b>OLD TOTE BUILDING</b>
VPB No: <b>V9682</b>	<b>BROADMEADOW RACECOURSE</b>
	<b>P.O. Box 123, Broadmeadow NSW 2292</b>
	<b>Ph: (02) 4927 6135 Fax: (02) 4927 6111</b>