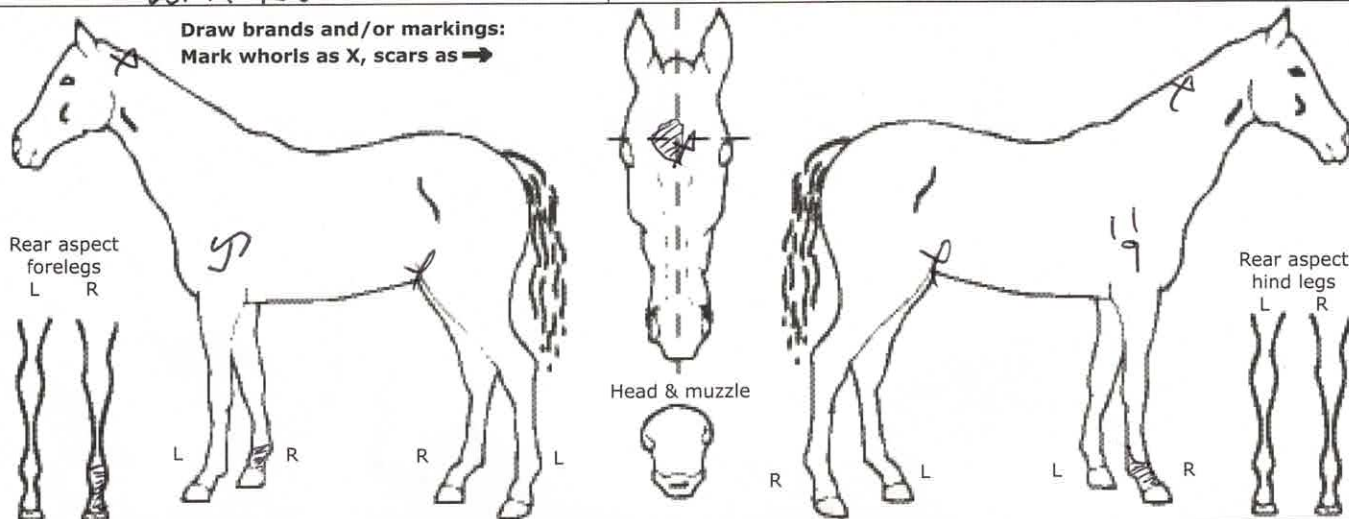


*This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVacc® Vaccine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

Animal presented as: <b>HELL HATH NO FURY</b>		Age/DOB:
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>BAY</b>	Microchip No: <b>985100012167674</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>LENA ROCCOR</b>		Place of examination: <b>YARRAMAN PARK</b>



**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**

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**Vaccination** Y/N Date

Hendra (HeV)		
Tetanus		
Strangles		
EHV-1,4		

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"/>			LO 55 x 45mm	15 mm	CL
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			RO 60 x 55mm	< 10 mm	CL

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

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:			

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

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:			

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

Other comments .....
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Date: <b>02/05/2025</b>	Signed: 
Name (please print): <b>JAMES DAWSON</b>	Place stamp/write address here:
Contact Number: <b>BVetBri BVSe</b>	<b>Hunter Equine Centre</b>
AVA No: <b>95639</b>	<b>Score NSW 2337</b>
VPB No: <b>11657</b>	