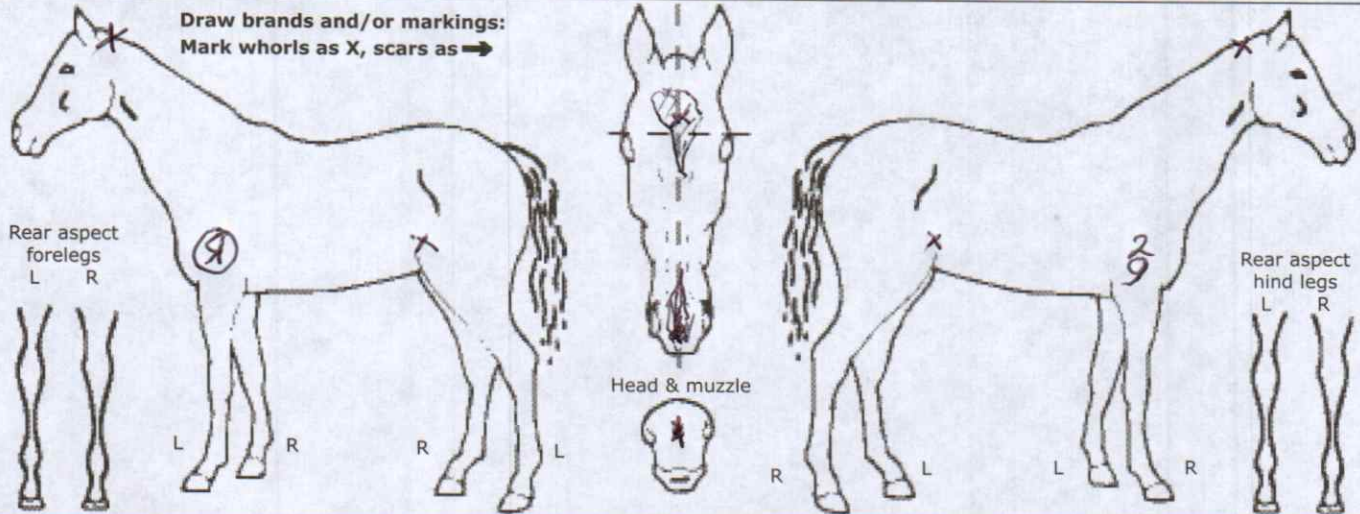


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVax® Vaccine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

Animal presented as: SHE DANCES		Age/DOB: 30.09.2019
(If unnamed) Sire: STREET BOSS	Dam: CHARLESTON DANCER	
Breed: THOROUGHBRED	Colour: BAY/BROWN	Microchip No: 985100012170261
Owner (if known): LIMBERICK LANE	Address (if known):	
Person requesting examination: XINERY STUD	Place of examination: XINERY STUD	



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)	<input checked="" type="checkbox"/>	
Tetanus	<input checked="" type="checkbox"/>	
Strangles	<input checked="" type="checkbox"/>	
EHV-1,4	<input checked="" 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"/>			LEFT: 4.1 x 2.9cm RIGHT: 4.9 x 3.5cm	1.3cm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>				1.6cm	CORPUS & UTERUM

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:			

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: PALE TIGHT			

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

Date: 15 MAY 2025	Signed: 
Name (please print): W.D. MATTHEWS	Place stamp/write address here:
Contact Number: 0488767616	
AVA No: 5012	VPB No: N8421

W.D. Matthews
Stone Lodge Equine Services Pty Ltd
PO Box 436 Scone NSW 2337