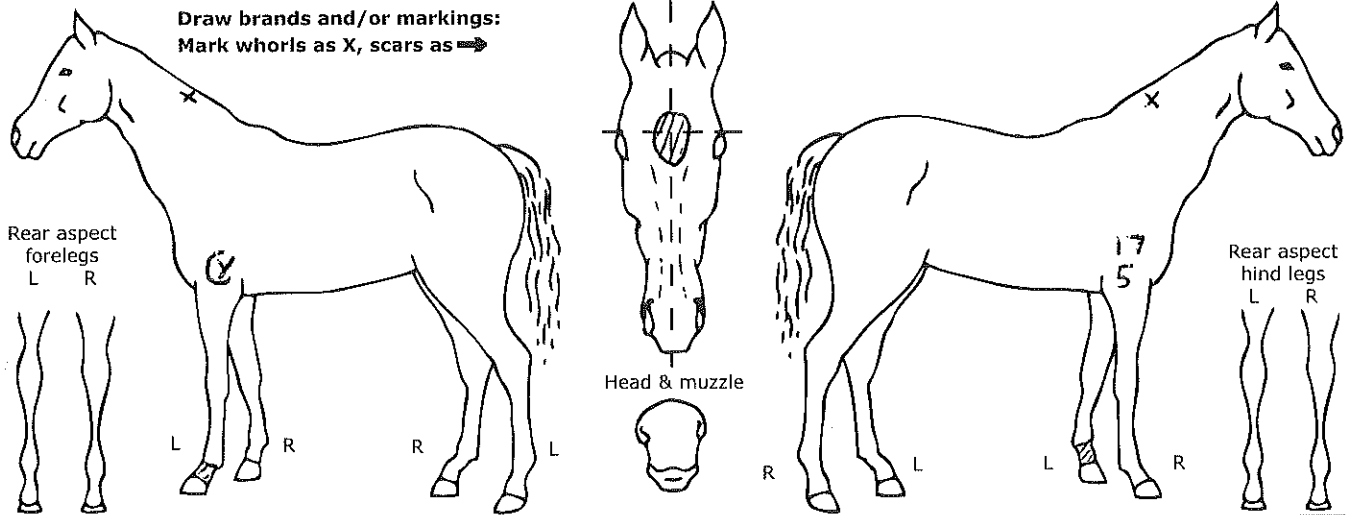




This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

|                                      |                    |                                          |
|--------------------------------------|--------------------|------------------------------------------|
| Animal presented as: <b>ENBIHAAR</b> |                    | Age/DOB: <b>18/09/2015</b>               |
| (If unnamed) Sire:                   |                    | Dam:                                     |
| Breed: <b>THB</b>                    | Colour: <b>BAY</b> | Microchip No: <b>985100012103546</b>     |
| Owner (if known):                    |                    | Address (if known):                      |
| Person requesting examination:       |                    | Place of examination: <b>WIDDEN STUD</b> |



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

**Reported last serve date**

**22/11/24**

**Vaccination Y/N Date**

|              |   |        |
|--------------|---|--------|
| Hendra (HeV) | Y | 1.8.24 |
| Tetanus      | Y | 5.5.25 |
| Strangles    | Y | 5.5.25 |
| EHV-1,4      | Y | 5.5.25 |

| Ovaries                       |      | NL | Ab | NE |       | NL | Ab | NE | Total Ovarian Dimensions | Largest Follicle Diameter | Comments: |
|-------------------------------|------|----|----|----|-------|----|----|----|--------------------------|---------------------------|-----------|
| Manual Examination per Rectum | Left |    |    |    | Right |    |    |    |                          |                           |           |
| U/S Examination               | Left |    |    |    | Right |    |    |    |                          |                           |           |

| Uterus                        | NL | Ab | NE |
|-------------------------------|----|----|----|
| Manual Examination per Rectum |    |    |    |
| U/S Examination               |    |    |    |
|                               | Y  | N  | NE |
| Uterine Cysts?                |    |    |    |
| Uterine Fluid?                |    |    |    |
| Comments:                     |    |    |    |

| Cervix                          | NL | Ab | NE |
|---------------------------------|----|----|----|
| Manual Examination per Vagina   |    |    |    |
| U/S Examination                 |    |    |    |
| Visual Examination per Speculum |    |    |    |
| Comments:                       |    |    |    |

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

| Vagina                          | NL | Ab | NE |
|---------------------------------|----|----|----|
| Manual Examination per Vagina   |    |    |    |
| U/S Examination                 |    |    |    |
| Visual Examination per Speculum |    |    |    |
| Comments:                       |    |    |    |

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

**Other comments** .....

|                                       |                                 |
|---------------------------------------|---------------------------------|
| Date: <b>01/05/25</b>                 | Signed:                         |
| Name (please print): <b>N. Hamill</b> | Place stamp/write address here: |
| Contact Number: <b>6549 9999</b>      |                                 |
| AVA No:                               | VPB No: <b>7358</b>             |