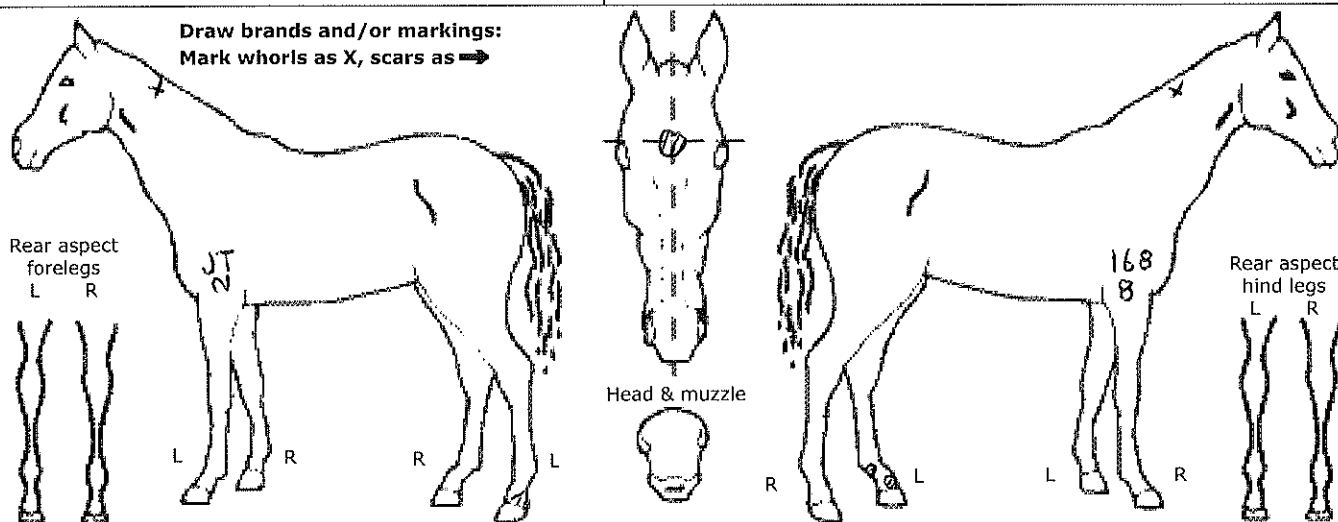


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVax® Vaccine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

Animal presented as: <b>I AM IN THE MOOD</b>		Age/DOB: <b>14/11/2018</b>
(If unnamed) Sire:		Dam:
Breed: <b>ThB</b>	Colour: <b>BAY</b>	Microchip No: <b>9851000 1215 8126</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

**07/12/2024**

Vaccination Y/N Date

Hendra (HeV)	Y	13/03/25
Tetanus	Y	26/08/24
Strangles	Y	26/08/24
EHV-1,4		

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:			

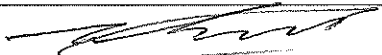
Vulva	Y	N	NE
Caslicked / repairs?	<input checked="" type="checkbox"/>		
Comments:			

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>06/05/2025</b>
Name (please print): <b>N. Hamill</b>
Contact Number: <b>(02) 6549 9999</b>
AVA No: <b>7358</b>

Signed: 
Place stamp/write address here: