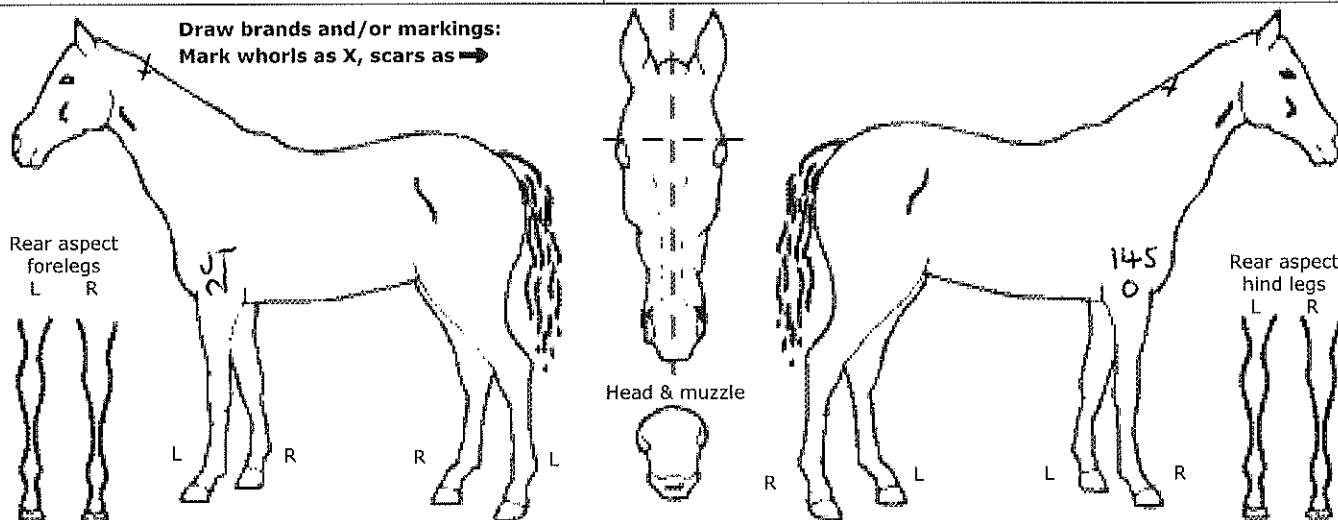


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVax® Vaccine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

Animal presented as: QUEEN OF SHADOWS		Age/DOB: 10/11/2020
(If unnamed) Sire:		Dam:
Breed: ThB	Colour: CHESTNUT	Microchip No: 985100012187494
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: WIDDEN STUD



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

14/09/2024

Vaccination Y/N Date

Hendra (HeV)	N	
Tetanus	Y	21/06/24
Strangles	Y	21/06/24
EHV-1,4	Y	24/04/25

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

Signed:	
Place stamp/write address here:	