

## Equine Veterinarians Australia A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



| This examination is limit<br>breeding soundness.  | ted to a     | an ass | sessm<br>the so | ent of | the re      | produ                | ctive I                                | natter             | s below a<br>finitively of | nd sho       | uld in no v | vav be                        | relied                          | upon as   | a repres<br>ith Equit | sentation or<br>ty® Vaccine | r expres<br>e or any | sion of o | ppinion as<br>nedication |  |  |
|---|--------------|--------|-----------------|--------|-------------|----------------------|--|--------------------|----------------------------|--------------|-------------|-------------------------------|---------------------------------|-----------|-----------------------|-----------------------------|----------------------|-----------|--------------------------|--|--|
| Animal presented  | as:          | Si     | EE              | BL     | UM          | E                    | L                                      | 0                  | T 2                        | 16           |             |                               |                                 |           | A                     | ge/DOB:                     | 18/                  | 8 2       | 013                      |  |  |
| (If unnamed) Sire   | B            | RIN    | JG              |        |             | n:SC                 | SONNENBLUME                            |                    |                            |              |             |                               |                                 |           |                       |                             |                      |           |                          |  |  |
| Breed: 1  | 11B CITESTIA |        |                 |        |             |                      |  |                    |                            |              |             | Microchip No: 985100012030612 |                                 |           |                       |                             |                      |           |                          |  |  |
| Owner (if known):   | 1AK          | 2 6    | PAI             | 2 K    |             | Addre                | ress (if known):<br>NOCA RD GROSE WOLD |                    |                            |              |             |                               |                                 |           |                       |                             |                      |           |                          |  |  |
| Person requesting   | AL(          |        |                 |        |             |                      |  |                    | of ex                      | aminati<br>A | on:         | G                             | ROS                             | EL        | (L) OL                |                             |                      |           |                          |  |  |
| Rear aspect forelegs L R  This mare was examined (please tick)  Under Sedation  Not Sedated  The mare was (please tick)  Pregnant  Not Pregnant |              |        |                 |        |             |                      |  |                    |                            |              |             |                               |                                 |           |                       |                             |                      |           |                          |  |  |
| Other Physical Restrai  | nt           |        |                 |        |             |                      |  |                    |                            |              |             |                               |                                 |           |                       | V-1,4                       |                      |           |                          |  |  |
| Ovaries   |              | NL     | Ab              | NE     |             | NL                   | Ab                                     | NE                 | Total O                    | varian       | Dimension   | s La                          | rgest F                         | ollicle D | ameter                | Commen                      | nts:                 |           |                          |  |  |
| Manual Examination<br>per Rectum  | Left         |        |                 |        | Right       |                      |  |                    |                            |              |             |                               |                                 |           |                       |                             |                      |           |                          |  |  |
| U/S Examination   | Left         |        |                 |        | Right       |                      |  |                    |                            |              |             |                               |                                 |           |                       |                             |                      |           |                          |  |  |
| Uterus  | NL           | NL Ab  |                 |        | NE          |                      |  | Cervix             |                            |              | NL Ab       |                               | NE                              |           | gina                  |                             | NL                   | Ab        | NE                       |  |  |
| Manual Examination per Rectum   |              |        |                 |        | Manual Exam |                      |  | nination<br>Vagina | 1 1                        |              |             |                               | Manual Examination per Vagina   |           |                       |                             |                      |           |                          |  |  |
| U/S Examination   |              |        |                 |        |             | U/S Examir           |  |                    |                            |              |             |                               |                                 |           | U/S Exa               | amination                   |                      |           |                          |  |  |
| 0/3 Examination   | Y N NE       |        |                 |        |             | Visual Examination   |  |                    |                            |              |             |                               | Visual Examination per Speculum |           |                       |                             |                      |           |                          |  |  |
| Uterine Cysts?  |              | -      |                 |        |             |                      |  |                    | peculum                    |              |             |                               |                                 | Co        | mments:               |                             |                      |           |                          |  |  |
|   |              | -      |                 |        | -           | L                    | Comm                                   | ents:              |                            |              |             |                               |                                 |           | mineries.             |                             |                      |           |                          |  |  |
| Uterine Fluid?  |              |        |                 |        |             |                      | Vulva                                  |                    |                            | Y            | N           | NE                            |                                 | Ud        | der                   | <u> </u>                    | NL                   | Ab        | NE                       |  |  |
| Comments:   |              |        |                 |        |             | Caslicked / repairs? |  |                    |                            | <b>/</b>     |             |                               |                                 |           | isual Ex              | amination                   | V                    | /_        |                          |  |  |
|   |              |        |                 |        |             |                      | Comm                                   | ents:              |                            |              |             |                               |                                 | Ma        | anual Ex              | amination                   | /                    |           |                          |  |  |
|   |              |        |                 |        |             | _                    |  |                    |                            |              |             |                               |                                 | Co        | mments                | :                           |                      |           |                          |  |  |
| Other comments  Date: 7 5   |              |        |                 | ****** |             |                      |  |                    |                            | Signe        | 6           | )                             |                                 |           |                       |                             |                      |           |                          |  |  |
| wame (please prin   |              |        |                 |        |             |                      | 1/14:-                                 |                    | 20                         | 644          | 1           |                               |                                 |           |                       |                             |                      |           |                          |  |  |
| Contact Number: 0488031131  AVA No: 796 VPB No: 3391  |              |        |                 |        |             |                      |  |                    |                            |              | 1           | GROS                          | SE VA                           | ALLEY     | EQUI                  | NE Pty                      | /Sc<br>Ltd           |           |                          |  |  |

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