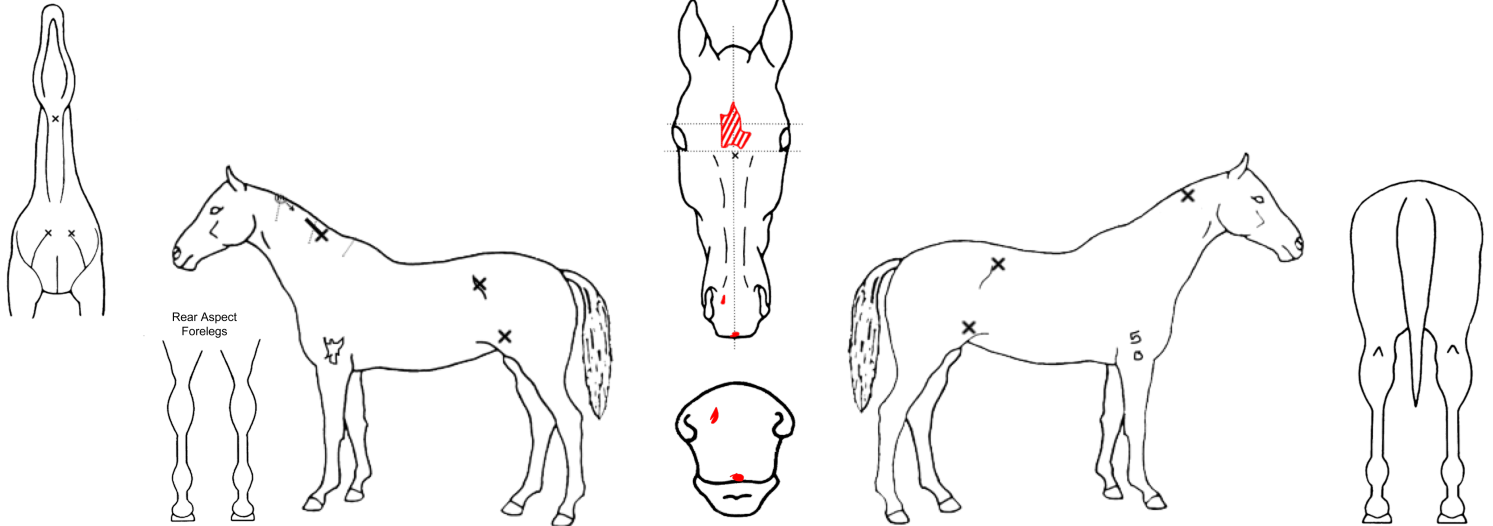


*This examination is limited to an assessment of the specified matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVaccine or any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

Animal presented as: Tiz Invincible (AUS)	
(If unnamed) Sire: I Am Invincible (AUS)	Dam: Amuletum (GB)
Colour: Bay	Breed: Thoroughbred
Sex: Filly	
Microchip No: 985100012180178	DOB: 19/08/2020
Owner (if known):	
Person requesting examination: Ciaran Maher Racing	Place of examination: -34.5361 150.4039



**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 service date**


(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions	Largest Follicle Diameter	Comments
Manual examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Left: 4.7cm x 3.9cm	Left: 25mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 5cm x 4.7cm	Right: 15mm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Manual examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Vulva</b>	<b>Y</b>	<b>N</b>	
<b>Cervix</b>	<b>Y</b>	<b>N</b>	<b>Details</b>	Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Manual examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>General Clinical Exam</b>			
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Udder Examination	WNL		
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Feet Examination	WNL		
				Eye Examination	WNL		

**Other relevant clinical abnormalities:**

Date: 29-04-2025	
Name: Elisha Dempsey	
Contact Number: 0488200495	
Address: 8/19 Lyell St Mittagong, NSW 2575	
AVA No: 84822	
VPB No: N11470	Signed: <small>Signature</small>