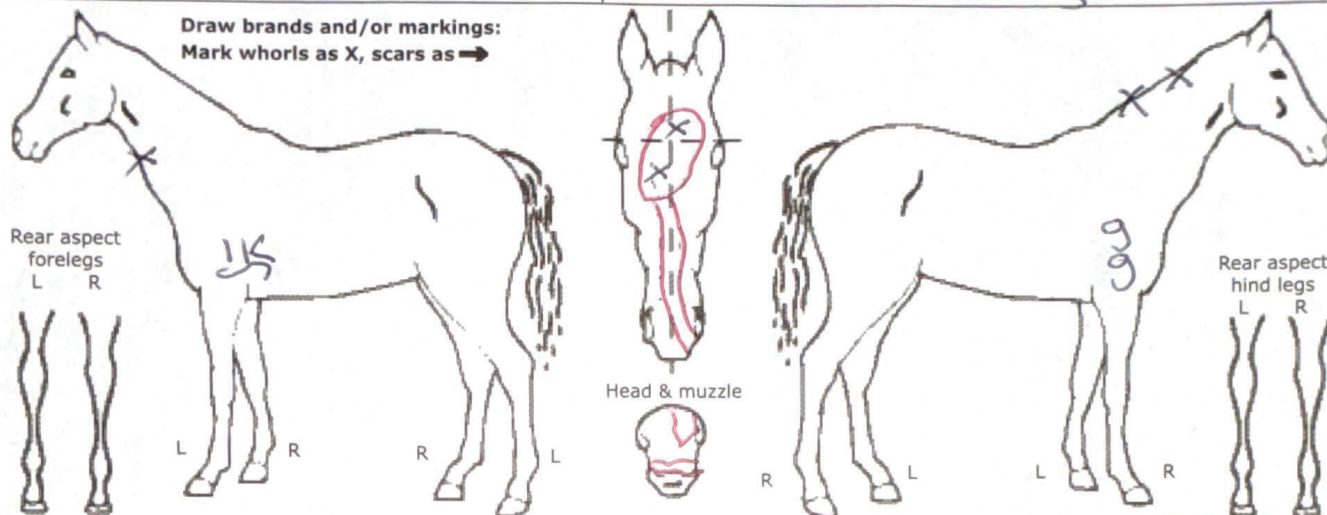


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiV[®] Vaccine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

Animal presented as: <u>Royal Merchant</u>		Age/DOB: <u>26/08/19.</u>
(If unnamed) Sire: <u>Merchant Navy</u>		Dam: <u>Seventhichie</u>
Breed: <u>TB</u>	Colour: <u>Chestnut</u>	Microchip No: <u>98S100012167599.</u>
Owner (if known): <u>Caren Maher.</u>		Address (if known): <u>Warwick Farm</u>
Person requesting examination: <u>Caren Maher</u>		Place of examination: <u>Caren Maher Farm Warwick Farm</u>



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 serve date

N/A

Vaccination Y/N Date

Hendra (HeV)	<input checked="" type="checkbox"/>	
Tetanus	<input checked="" type="checkbox"/>	
Strangles	<input checked="" type="checkbox"/>	
EHV-1,4	<input checked="" type="checkbox"/>	

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<u>58x81mm</u>	<u>27mm</u>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<u>31x54mm</u>	<u>17mm</u>	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
Uterine Cysts?		<input checked="" type="checkbox"/>	
Uterine Fluid?		<input checked="" type="checkbox"/>	
Comments:			

Cervix	NL	Ab	NE
Manual Examination per Vagina			<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			
Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina			<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			
Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:			

Other comments

Date: <u>2/5/25</u>	Signed: <u>Bonnie</u>
Name (please print): <u>Richard Bonnie</u>	Place stamp/write address here: <u>8/19 Lyell St</u> <u>Mittagong</u> <u>NSW 2575.</u>
Contact Number: <u>0460 861 921</u>	
AVA No:	VPB No: <u>U12296</u>