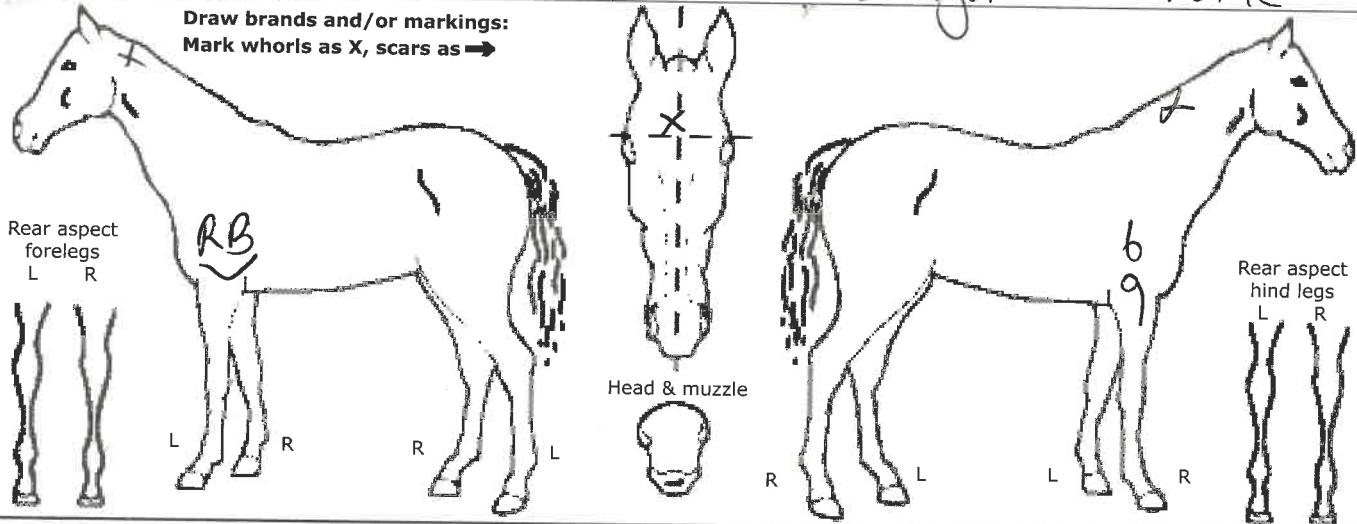


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: <b>Final Response</b>		Age/DOB: <b>2019</b>
(If unnamed) Sire: <b>—</b>		Dam: <b>—</b>
Breed: <b>Thoroughbred</b>	Colour: <b>brown</b>	Microchip No: <b>98510001213259</b>
Owner (if known): <b>Daval, Stud - agent</b>	Address (if known):	
Person requesting examination: <b>Alison Hush</b>	Place of examination: <b>Inglis Riverside.</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 type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

Reported last serve date

**6/9/24**

Vaccination Y/N Date

Hendra (HeV)	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	
Strangles	<input 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"/>			<b>left: 60x40mm</b>	<b>10mm</b>	<b>CL present</b>
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<b>right: 50x40mm</b>	<b>10mm</b>	

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: <b>8/5/25</b>	Signed: <b>David O'Meara</b>
Name (please print): <b>David O'Meara</b>	Place stamp/write address here:
Contact Number: <b>6545 1333</b>	
AVA No: <b>6233</b>	VPB No: <b>5561</b>

Signed: **David O'Meara**

Place stamp/write address here:

**Scone Equine Hospital**  
**106 Liverpool St**  
**Scone NSW 2337**