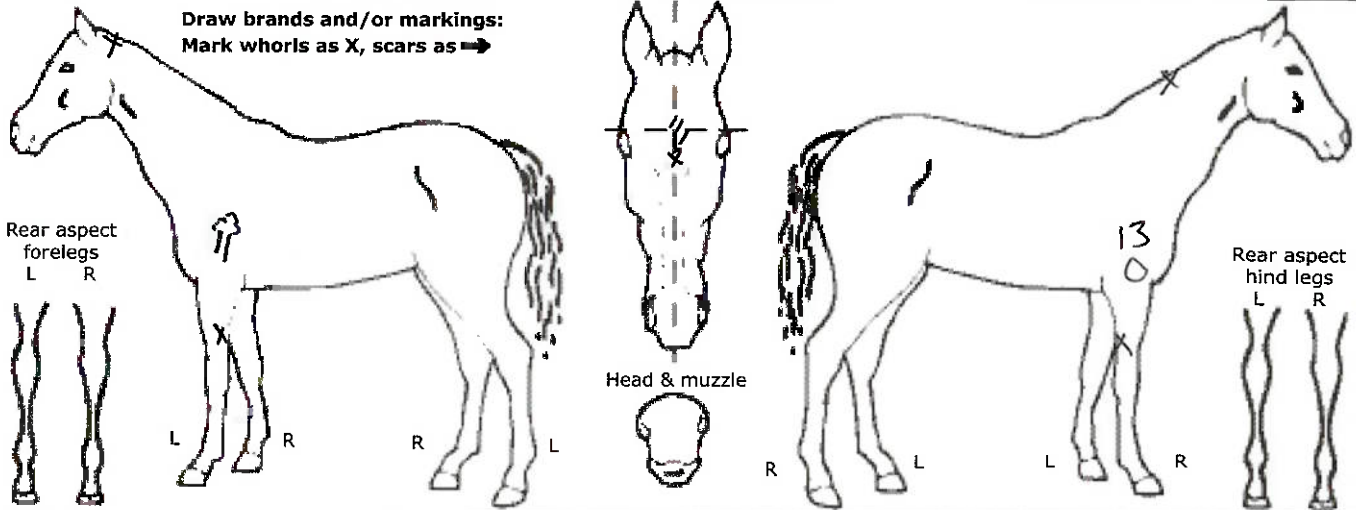


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVacc® Vaccine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

Animal presented as: <b>THE BLACK CLOUD</b>		Age/DOB: <b>2020</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>BAY</b>	Microchip No: <b>98510001219103</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>J. PRIDE</b>		Place of examination: <b>WARWICK FARM RACECOURSE</b>



<b>This mare was examined (please tick)</b>		<b>The mare was (please tick)</b>		<b>Reported last serve date</b>	<b>Vaccination</b>	<b>Y/N</b>	<b>Date</b>
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<b>N/A</b>	Hendra (HeV)		
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus	<input checked="" type="checkbox"/>	
Other Physical Restraint	<input checked="" type="checkbox"/>				Strangles	<input checked="" type="checkbox"/>	
					EHV-1,4	<input checked="" type="checkbox"/>	

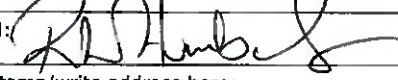
Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			Left: 4.9 x 2.9cm Right: 3.3 x 5.0cm	1.6 x 1.5cm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>				0.6 x 0.8cm	

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

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: <b>NORMAL</b>			
Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments: <b>NORMAL</b>			

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: <b>NORMAL</b>			
Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments: <b>NORMAL</b>			

Other comments .....

Date: <b>28/04/26</b>	Signed: 
Name (please print): <b>R. HUMBERSTONE</b>	Place stamp/write address here:
Contact Number: <b>02 9399 7722</b>	
AVA No: <b>13705</b>	VPP No: <b>NSW V6430</b>

**REC EQUINE SPECIALISTS**  
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