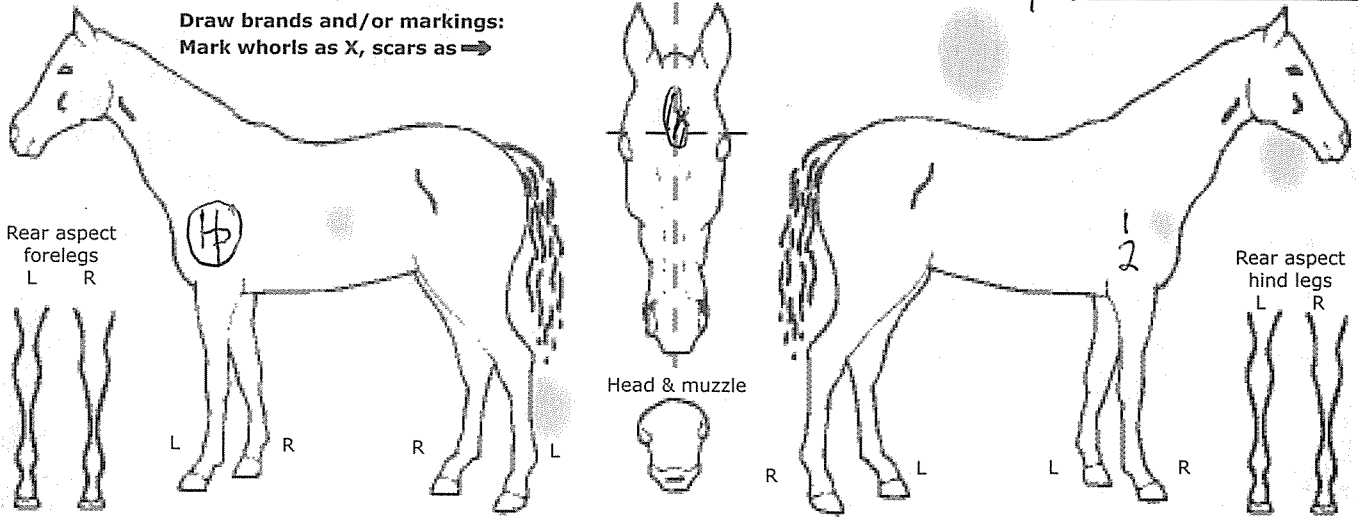


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: <b>ALABAMA MACAL</b>		Age/DOB: <b>20.11.2022</b>
(If unnamed) Sire: <b>ALABAMA EXPRESS</b>		Dam: <b>MAKFI MASS</b>
Breed: <b>T/B</b>	Colour: <b>BAY - BROWN</b>	Microchip No: <b>985100012219866</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>NEWATE</b>		Place of examination: <b>"TALLY", SCONE</b>



<b>This mare was examined</b> (please tick)		<b>The mare was</b> (please tick)		<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)	<input type="checkbox"/>	<input type="checkbox"/>
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>				Strangles	<input type="checkbox"/>	<input type="checkbox"/>
					EHV-1,4	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L: 40x30mm	15mm	corpus luteum
U/S Examination	Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R: 40x35mm	10mm	corpus luteum

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

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

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

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

**Other comments** .....

Date: <b>28.4.26</b>	Signed: <i>Parrigan</i>
Name (please print): <b>PETER CARRIGAN</b>	Place stamp/write address here:
Contact Number: <b>65451333</b>	<b>Scone Equine Hospital</b>
AVA No: <b>20878</b>	<b>106 Liverpool St</b>
VPB No: <b>10090</b>	<b>Scone NSW 2337</b>