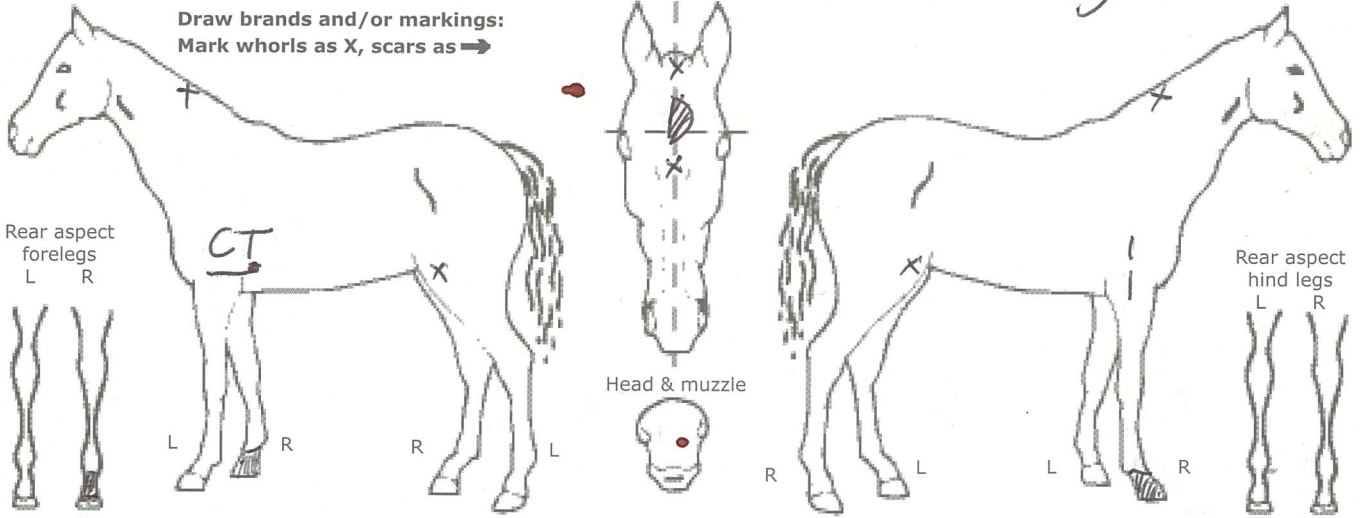


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equity® Vaccine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

Animal presented as: <b>BLACK BERRY BOMB (A/S)</b>		Age/DOB: <b>29.10.2021</b>
(If unnamed) Sire: <b>BLAZEN BOB</b>		Dam: <b>SEGENHIDE VALLEY</b>
Breed: <b>INDOUBTBLED</b>	Colour: <b>BROWN</b>	Microchip No: <b>985100012209552</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>OWNERS</b>		Place of examination: <b>Cannon Hayes</b>



**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**

**MADERV**

Vaccination	Y/N	Date
Hendra (HeV)		
Tetanus		
Strangles		
EHV-1,4		

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"/>			Ⓛ 36 x 46mm	215mm follicles	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			Ⓛ 41 x 40mm	20mm	

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:			

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:			

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

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

Other comments: **no abnormalities noted on reproductive examination as outlined above.**

Date: <b>01.05.2026</b>	Signed: 
Name (please print): <b>C. MASSINGHAM</b>	Place stamp/write address here:
Contact Number: <b>(02) 65451333</b>	
AVA No: <b>18139</b>	VPB No: <b>8239</b>

**Scone Equine Hospital**  
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