

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.

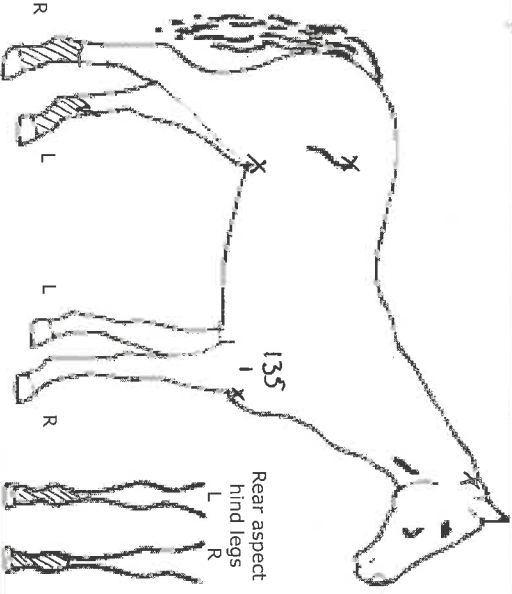
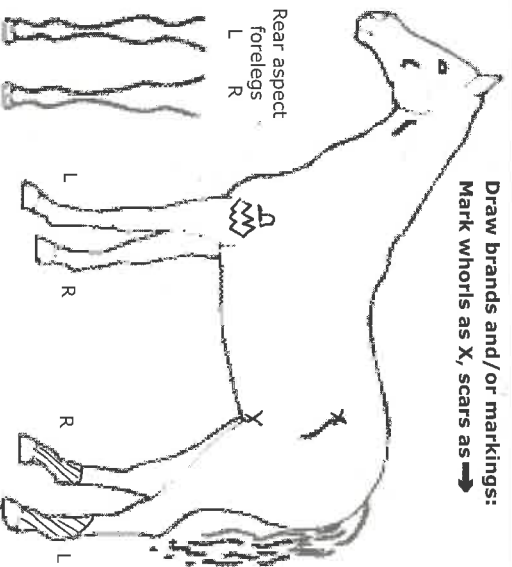
Animal presented as: **ELLA HAZEL** Age/DOB: **7/9/21**

(If unnamed) Sire: **DUMDEEL** Dam: **MAD OF HEAVEN**

Breed: **↑ HOROUGHBERG** Colour: **Bay** Microchip No: **9851 000 1220 3733**

Owner (if known): _____ Address (if known): _____

Person requesting examination: **DUMMENS** Place of examination: **GLASTONBURY**



This mare was examined (please tick)

Under Sedation

Not Sedated _____

Other Physical Restraint _____

The mare was (please tick)

Pregnant _____

Not Pregnant

Reported last serve date
MARZEN MIKE

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

Ovaries	Left	NL	Ab	NE	Right	NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	✓			Right	✓			① 55 x 59 mm	24mm + CL	
U/S Examination	Left	✓			Right	✓			② 49 x 50mm	30mm + NSF'S	

Uterus	NL	Ab	NE
Manual Examination per Rectum	✓		
U/S Examination	✓		
Uterine Cysts?	Y	N	NE
Uterine Fluid?		✓	

Cervix	NL	Ab	NE
Manual Examination per Vagina	✓		
U/S Examination			✓
Visual Examination per Speculum	✓		

Comments: _____

Vulva	Y	N	NE
Caslicked / repairs?		✓	

Comments: _____

Vagina	NL	Ab	NE
Manual Examination per Vagina	✓		
U/S Examination			✓
Visual Examination per Speculum	✓		

Comments: _____

Udder	NL	Ab	NE
Visual Examination	✓		
Manual Examination			✓

Comments: _____

Other comments: **NO Abnormalities noted on reproductive examination as outlined above**

Date: **01.05.2026** Signed: _____

Name (please print): **L. WATSON CHAM** Place stamp with address here: _____

Contact Number: **(02) 6545 1332**

AVA No: **18139** VPB No: **8239**

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