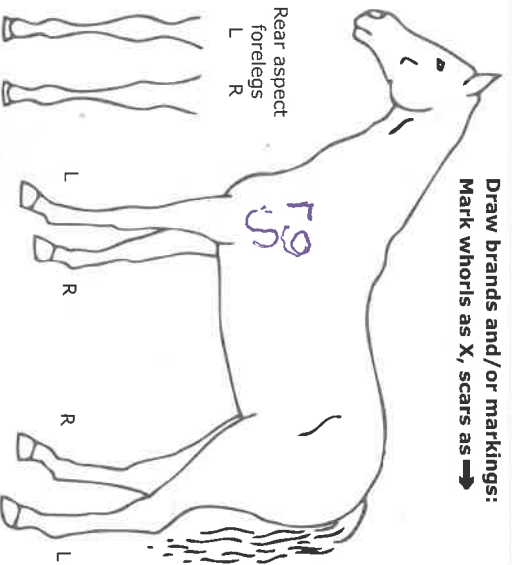


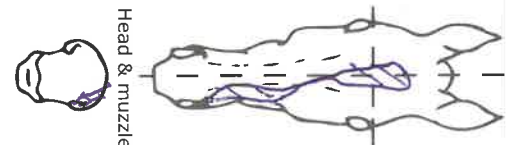


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiV<sup>®</sup>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

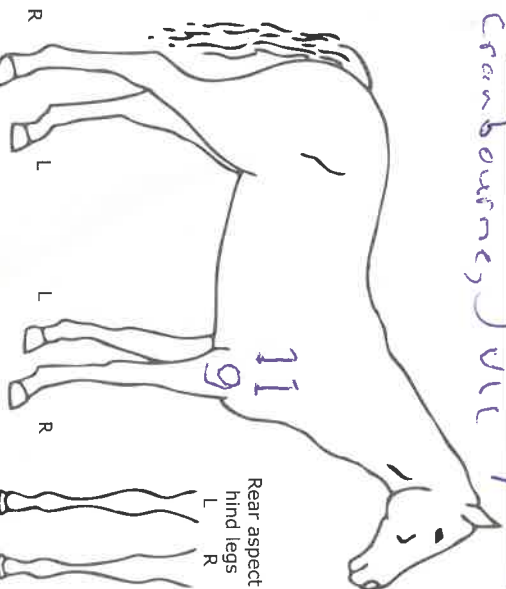
Animal presented as: Eternal Flame Age/DOB: 6y.s  
 (If unnamed) Sire: \_\_\_\_\_ Dam: \_\_\_\_\_  
 Breed: TB Colour: Brown Microchip No: 985125000097645  
 Owner (if known): C/M Kest.Snr Address (if known): \_\_\_\_\_  
 Person requesting examination: M.M Kest.Snr Place of examination: Southside Racing Complex, Cranbourne, VIC



Draw brands and/or markings:  
 Mark whorls as X, scars as →



Head & muzzle



This mare was examined (please tick)

Under Sedation	<input checked="" type="checkbox"/>	The mare was (please tick)	Pregnant	<input type="checkbox"/>	Reported last serve date	_____	Vaccination	Hendra (HeV)	<input checked="" type="checkbox"/>	Y/N	Dec 25	Date
Not Sedated	<input type="checkbox"/>		Not Pregnant	<input checked="" type="checkbox"/>				Tetanus	<input checked="" type="checkbox"/>		"	"
Other Physical Restraint	<input type="checkbox"/>		Maiden	<input checked="" type="checkbox"/>				Strangles	<input checked="" type="checkbox"/>		"	"
								EHV-1,4	<input checked="" type="checkbox"/>		"	"

Ovaries	Left	Right	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>3cm x 3cm</u>	<u>—</u>	<u>Normal (cystic)</u>
U/S Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2cm x 3cm</u>	<u>EL Present</u>	<u>Maiden</u>

Uterus	NL	Ab	NE	Cervix	NL	Ab	NE	Vagina	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uterine Cysts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uterine Fluid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comments:				Comments:	<u>Normal Vagina</u>		
Comments:	<u>Normal Maiden Uterus</u>										

Vulva	Y	N	NE
Castlicked / repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:	<u>Good Cyclic Angle</u>		

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:	<u>Normal Maiden</u>		

Other comments: Reprod effectively Maiden  
Normal Cyclic

Date: 1-5-26 Signed: Hugh Cathels  
 Name (please print): Hugh Cathels BVSc Place stamp/write address here:  
 Contact Number: 0497 436 257  
 AVA No: \_\_\_\_\_ VPB No: \_\_\_\_\_  
**Cathels Equine Veterinarians**  
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 Pearce Dale Vic 3912  
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