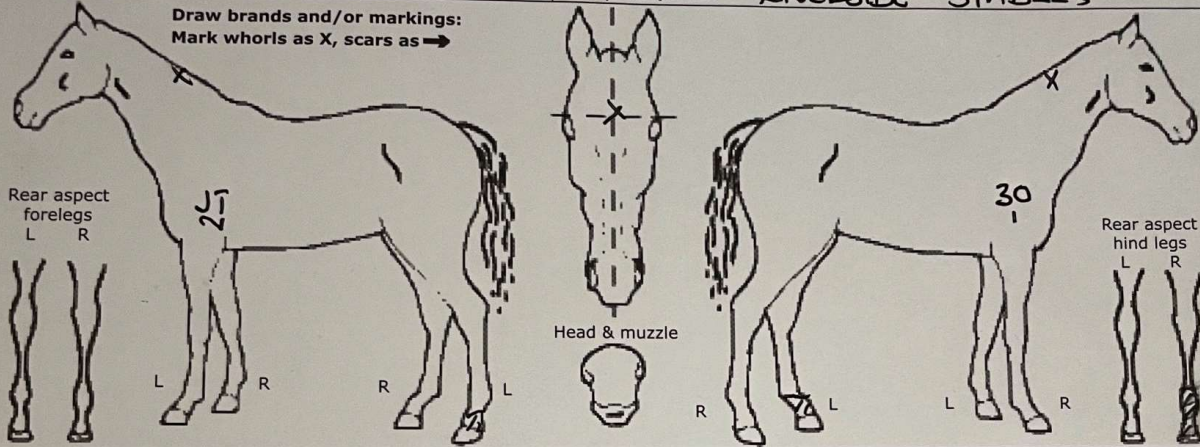


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiV@ Vaccine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

Animal presented as: **PHILIA** Age/DOB: **2021**  
 (If unnamed) Sire: \_\_\_\_\_ Dam: \_\_\_\_\_  
 Breed: **TB** Colour: **BAY** Microchip No: **985100012204731**  
 Owner (if known): \_\_\_\_\_ Address (if known): \_\_\_\_\_  
 Person requesting examination: **WIDDEN STOD** Place of examination: **INGLIS RIVERSIDE STABLES**



**This mare was examined (please tick)**

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input type="checkbox"/>
Other Physical Restraint	<input checked="" type="checkbox"/>

**The mare was (please tick)**

Pregnant	<input type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

Reported last serve date: **N/A**

**Vaccination Y/N Date**

Hendra (EqV)	<input checked="" type="checkbox"/>	
Tetanus	<input checked="" type="checkbox"/>	
Strangles	<input checked="" type="checkbox"/>	
EHV-1,4	<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"/>			Right	<input checked="" type="checkbox"/>			L 2.6 x 4.8cm R 1.8 x 1.8cm		
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			R 4.0 x 3.4cm R 1.4 x 1.2cm		

**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: **NORMAL**

**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: **NORMAL**

**Vulva**

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

Comments: **NORMAL**

**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:

**Udder**

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

Comments:

Other comments: \_\_\_\_\_

Date: **5/5/26** Signed: **R. Humberstone**  
 Name (please print): **R. HUMBERSTONE** Place stamp/write address here:  
 Contact Number: \_\_\_\_\_  
 AVA No: **B705** VPB No: **NSW V 6430**

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