

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 EquiVax® Vaccine or any other medication.

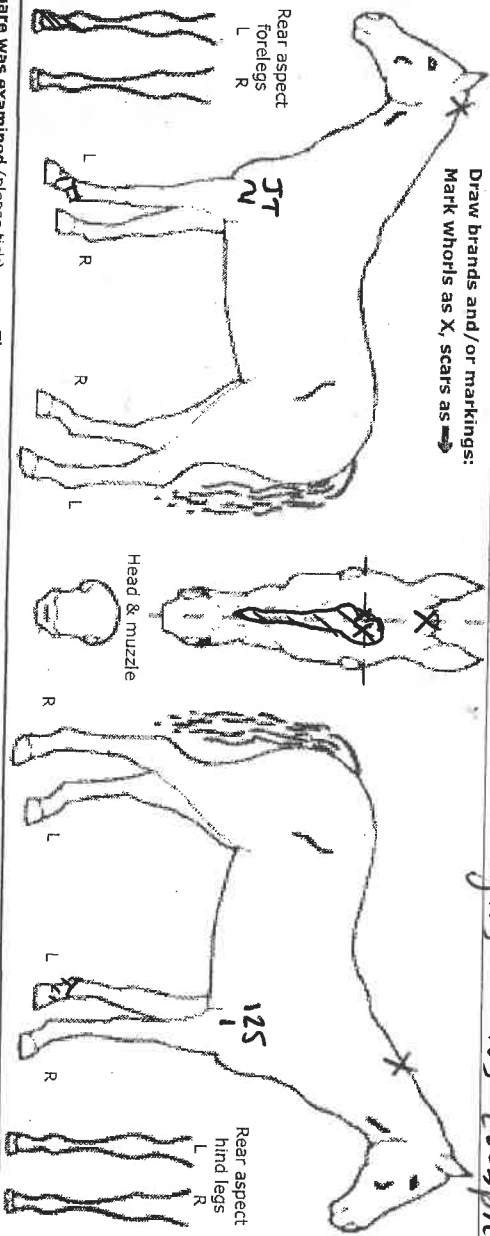
Animal presented as: Westas Lot 114 Age/DOB: 7 Oct 2021

(If unnamed) Sire: Coronado Dam: Ready Set Sail

Breed: TB Colour: Brown Microchip No: 985100012204571

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

Person requesting examination: S. Blackland Place of examination: Inglis Sales Complex



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

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 _____

Vaccination	Y/N	Date
Hemex (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"/>		<u>L - 38 X 35</u>	<u>15mm</u>	
U/S Examination	Left	<input checked="" type="checkbox"/>		Right	<input checked="" type="checkbox"/>		<u>R - 36 X 38</u>	<u>10mm</u>	<u>CL present</u>

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" 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"/>
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"/>		
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: _____

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

Comments: _____

Other comments: _____

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Date: 4/5/26 Signed: P Kelly

Name (Please print): PADRAIG KELLY Place stamp/write address here:

Contact Number: 0421676571

AVA No: 67937 VPB No: N8631

PADRAIG KELLY
EQUINE VETERINARY SERVICES