

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.

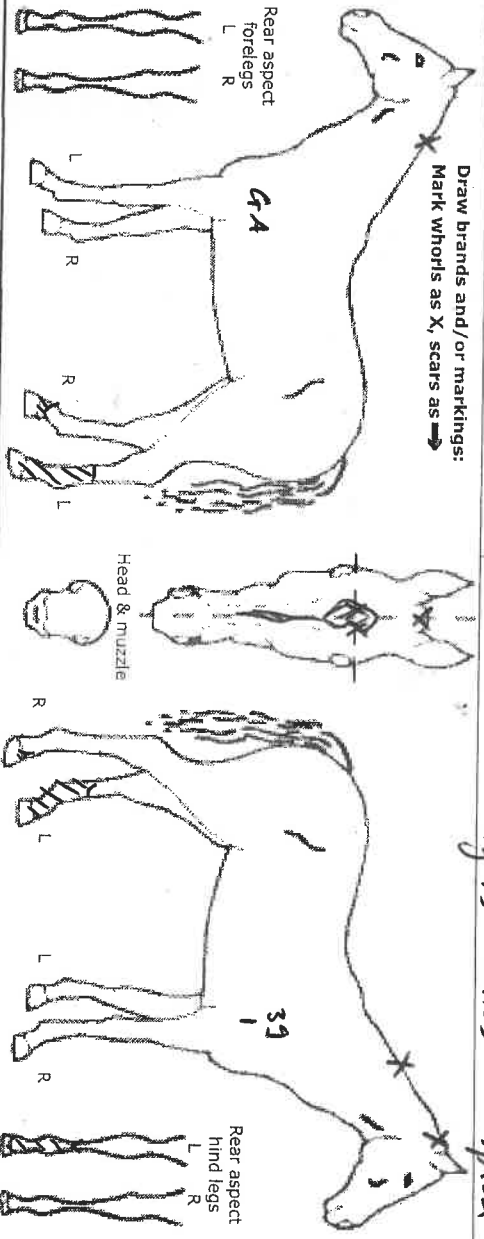
Animal presented as: **Abba Abba Lot 29** Age/DOB: **2021**

(If unnamed) Sire: **Shredded banner** Dam: **Tropic Moment**

Breed: **T.B.** Colour: **Chestnut** Microchip No: **985100012207970**

Owner (if known): **5. Blackland** Address (if known): **Inglis Sales Complex**

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



Draw brands and/or markings:  
Mark whois 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
Hend (HeV)		
Tetanus		
Strangles		
<del>EHV-1/4</del>		

Ovaries	Left	Right	NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	Right	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	L-45 X 48 mm	38 mm	
U/S Examination	Left	Right	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	M-45 X 44 mm	40 mm	

Uterus	Manual Examination per Rectum	U/S Examination	Uterine Cysts?	Uterine Fluid?	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Y	N	NE
Uterine Cysts?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Cervix	Manual Examination per Vagina	U/S Examination	Visual Examination per Speculum	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Vulva	Cast/licked / repairs?	Y	N	NE
Vulva	Cast/licked / repairs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vagina	Manual Examination per Vagina	U/S Examination	Visual Examination per Speculum	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

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

**Other comments** .....

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: **V8631**

**PADRAIG KELLY**  
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