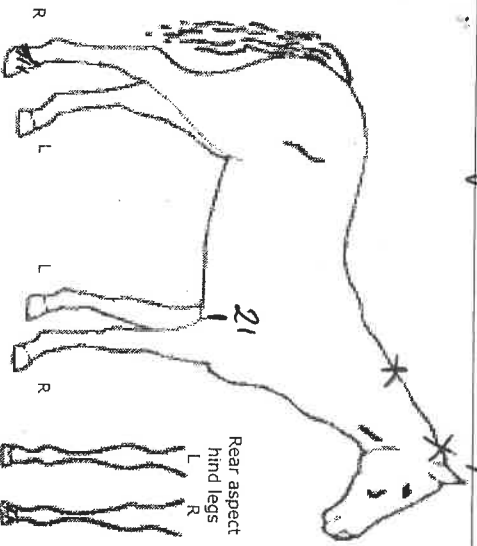
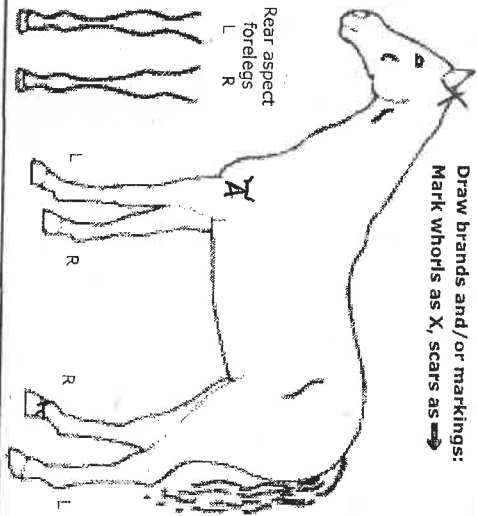


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVet® Vaccine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

Animal presented as: Just Feelin' lucky Lot 76 Age/DOB: 2021
 (If unnamed) Sire: Sushty Dam: Alycia
 Breed: TB Colour: Grey Microchip No: 98510001205423
 Owner (if known): _____ Address (if known): _____
 Person requesting examination: S. Blackland Place of examination: Inyis Sales Complex.



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/M	Date
Headia (Hev)		
Tetanus		
Strangles		
EHV-1/2		

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"/>	<u>L - 40 X 40mm</u>	<u>10mm</u>	<u>CL present.</u>
U/S Examination	Left	Right	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>R - 38 X 30mm</u>	<u>20mm</u>	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<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"/>
Uterine Cysts?	<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"/>

Comments: _____

Cervix	NL	Ab	NE
Manual Examination per Vagina	<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"/>

Comments: _____

Vagina	NL	Ab	NE
Manual Examination per Vagina	<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"/>

Comments: _____

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

Comments: _____

Other comments _____

Date: 4/5/26 Signed: P Kelly
 Name (please print): PAONAIK KELLY Place stamp/write address here:
 Contact Number: 0421676571
 AVA No: 67937 VPB No: N8631

PAONAIK KELLY
EQUINE VETERINARY SERVICES