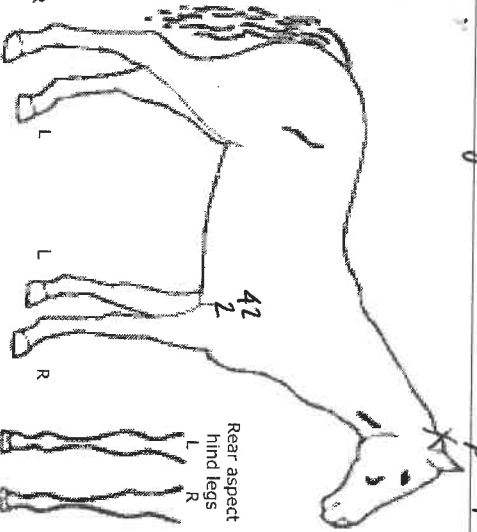
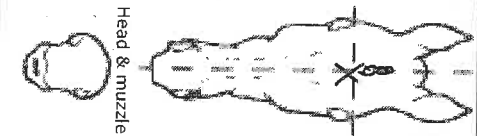
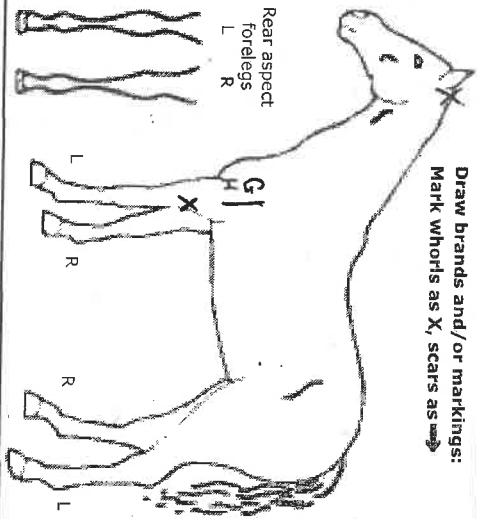


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiV@ Vaccine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

Animal presented as: Southern Heiress Age/DOB: 2022  
 (If unnamed) Sire: Saitzel Dam: Savannah River  
 Breed: TB Colour: BAW Microchip No: 985100012218781  
 Owner (if known): \_\_\_\_\_ Address (if known): \_\_\_\_\_  
 Person requesting examination: J. Blackland Place of examination: Inglis 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/N	Date
<del>Hendra (HeV)</del>		
<del>Tetanus</del>		
<del>Strangles</del>		
<del>EHV-1,4</del>		

Ovaries	Left	NL	Ab	NE	Right	NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<u>L-46x38</u>	<u>20mm</u>	
U/S Examination	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<u>R-48x46</u>	<u>15mm</u>	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<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"/>

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: \_\_\_\_\_

Date: 4/5/26 Signed: J 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**

300 Richmond Grove Road  
 Sandy Hollow NSW 2333