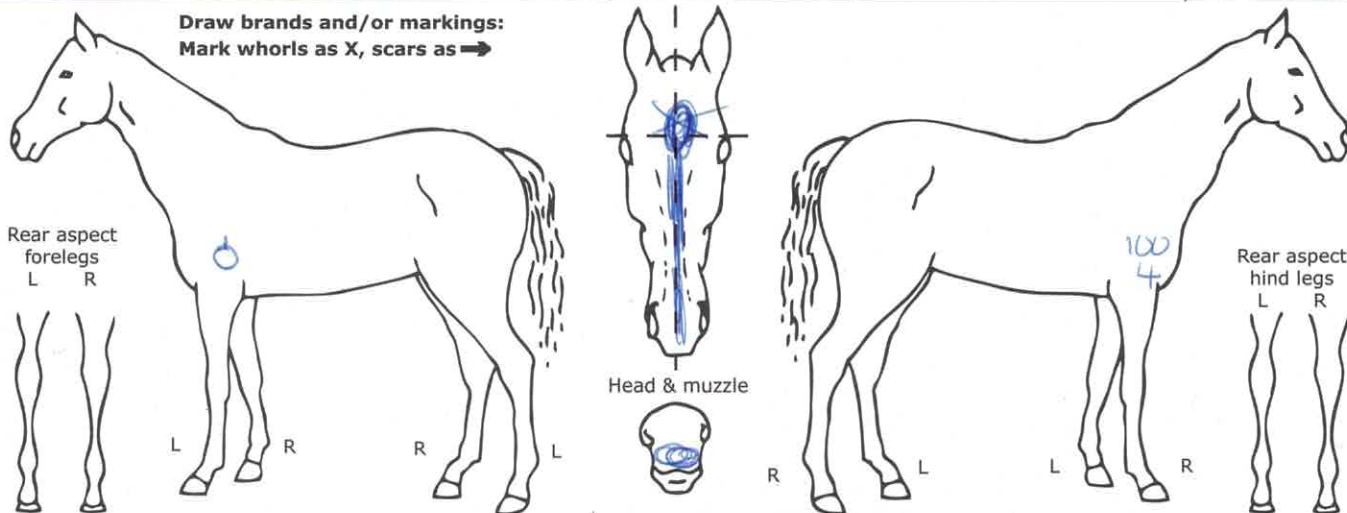




This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVax® Vaccine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

| | | |
|---|---------------------|---|
| Animal presented as: EUGENE'S PICK | | Age/DOB: 17/11/14 |
| (If unnamed) Sire: | | Dam: |
| Breed: TB | Colour: GREY | Microchip No: 985125000071848 |
| Owner (if known): Adam Mackrell | | Address (if known): BVP STWO, BELLS LANE |
| Person requesting examination: Adam Mackrell | | Place of examination: MERUO MEADOW, NSW |



This mare was examined (please tick)

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

The mare was (please tick)

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

Reported last serve date

| |
|--|
| |
|--|

Vaccination **Y/N** **Date**

| | | |
|--------------|-------------------------------------|---------|
| Hendra (HeV) | <input checked="" type="checkbox"/> | — |
| Tetanus | <input checked="" type="checkbox"/> | 19/5/20 |
| Strangles | <input checked="" type="checkbox"/> | 19/5/20 |
| EHV-1,4 | <input checked="" 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"/> | | | 45 x 35 | 15mm | |
| U/S Examination | Left | <input checked="" type="checkbox"/> | | | Right | <input checked="" type="checkbox"/> | | | 51 x 29 | 20mm | |

| 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: | | | |

| 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: | | | |

| Vulva | Y | N | NE |
|----------------------|---|-------------------------------------|----|
| Caslicked / repairs? | | <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: 8/7/20 | Signed: NM |
| Name (please print): NIKITA MADAM | Place stamp/write address here: |
| Contact Number: 0400341313 | |
| AVA No: 45668 | VPB No: V111718 |

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