



Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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.

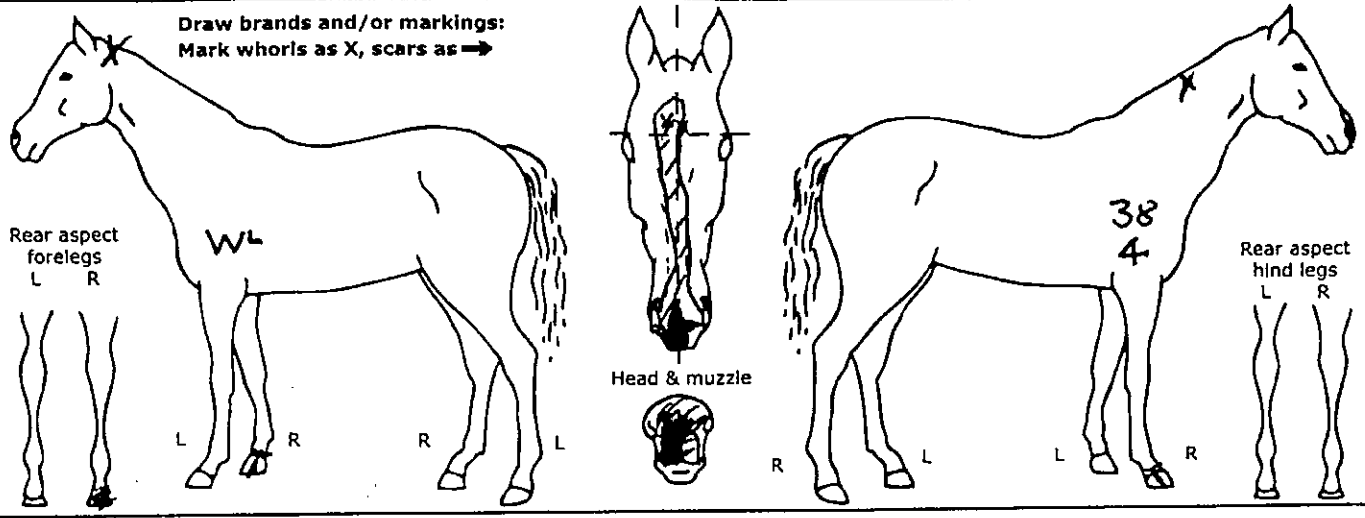
Animal presented as: **Tinkerrosa (NZ)** Age/DOB: **5yrs / 14.10.14**

(If unnamed) Sire: **Alamosa (NZ)** Dam: **Tinkerbabu (Aus)**

Breed: **Thoroughbred** Colour: **Bay** Microchip No: **985125000072514**

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

Person requesting examination: **Owner** Place of examination: **Sledmere Stud**



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: _____

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 40 x 30mm	Left: 15mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 40 x 30mm	Right: 15mm	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oestrus Oedema 4/5		
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	No Abnormality Detected		
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	N.A.D.		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	N.A.D.		
Udder	Y	N	Details		
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N.A.D.		
Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N.A.D.		

Other comments: _____

Date: **04/05/2020** Signed:

Name (please print): **Rowan B Sedgwick BVSc MACVSc** Place stamp/write address here: **Sedgwick Equine Veterinary Service 05537**

Contact Number: _____ PO Box 338 Scone NSW 2337

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