



Equine Veterinarians Australia

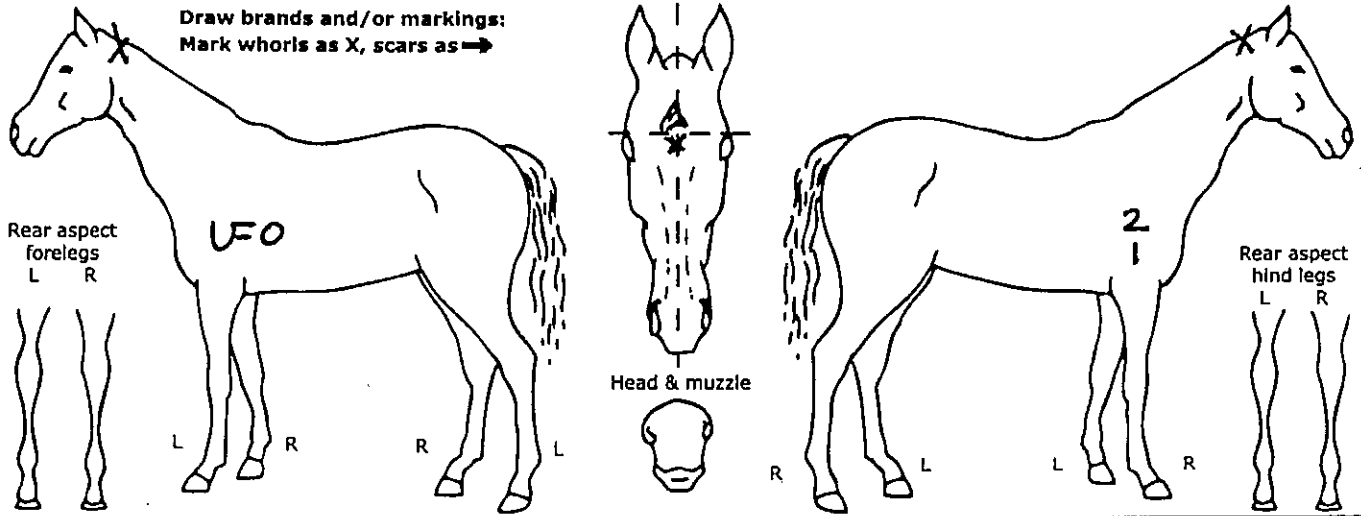
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



VETERINARY REPORT ON BROODMARE FOR SALE

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: Go Indy Go (Aus)		Age/DOB: 8yrs / 18.08.11
(If unnamed) Sire: Bernardini (USA)	Dam: Elegant Eagle (NZ)	
Breed: Thoroughbred	Colour: Bay	Microchip No: 985100012006000
Owner (if known):	Address (if known):	
Person requesting examination: Owner	Place of examination: Sledmere Stud	



This mare was examined (please tick)

Under Sedation	<input type="checkbox"/>
Not Sedated	<input checked="" 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: 50x40mm	Left: 15mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 50x45mm	Right: 10mm	Old corpus luteum
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"/>	Oedema 4/5		
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15mm x 1		
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	No Abnormality Detected		
Cervix	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"/>	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.O.		
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	N.A.O.		
Udder	Y	N	Details		
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No Abnormality Detected		
Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>			

Other comments

Date: 04/05/2020	Signed:
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Name (please print): Rowan B Sedgwick BVSc MACVSc
Contact Number:
AVA No: 2177
VPB No: N5770

Place stamp/write address here: **05538**
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