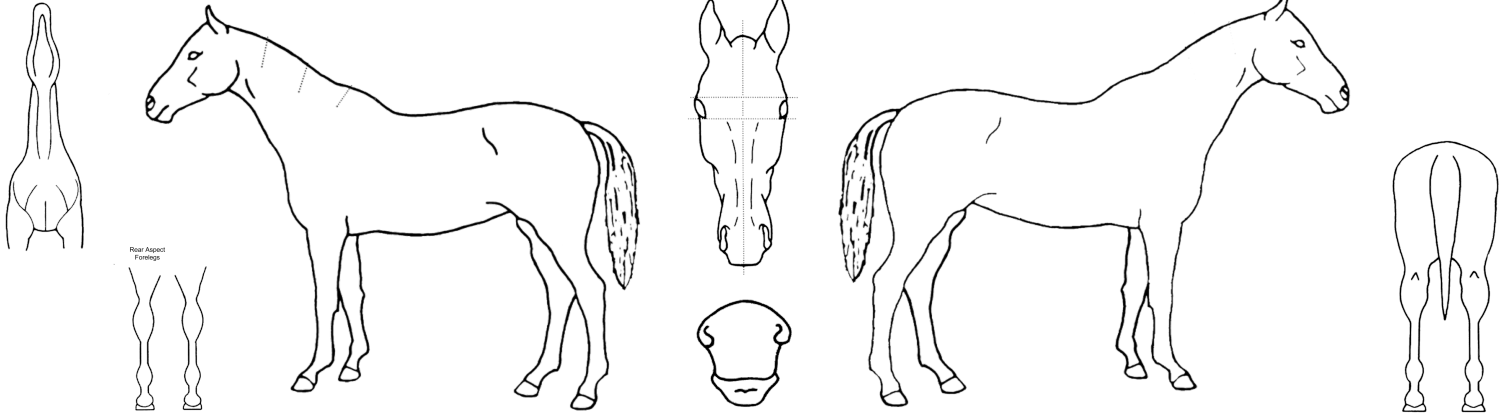


## VETERINARY REPORT ON BROODMARE FOR SALE

This examination is limited to an assessment of the specified 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: Donnachiara (AUS)	
(If unnamed) Sire: Eurozone (AUS)	Dam: Reglisse (NZ)
Colour: Bay	Breed: Thoroughbred
Microchip No: 985100012109980	Sex: Filly
DOB: 01/10/2016	
Owner (if known):	
Person requesting examination: Manager	Place of examination: Lime Country



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 service date

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

Ovaries	Y	N	Total Ovarian Dimensions	Largest Follicle Diameter	Comments
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 4.2 x 4.8 x 4 cm	Left: 2.8 cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 4.8 x 3.8 x 5.2 cm	Right: 4.5 cm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oestrus appearance	Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Abnormalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Vulva</b>	<b>Y</b>	<b>N</b>	<b>Details</b>
<b>Cervix</b>	<b>Y</b>	<b>N</b>	<b>Details</b>	Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Soft and open	Abnormalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>General Clinical Exam</b>			
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Udder Examination	Within normal limits		
Abnormalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Feet Examination	Within normal limits		
				Eye Examination	Within normal limits		

Other relevant clinical abnormalities:

Date: 11-03-2021	
Name: Karim Kooros	
Contact Number: 02 48611166	
Address: PO Box 308 Bowral NSW 2576	
AVA No: 5207      VPB No: 5630	
Signed: _____	