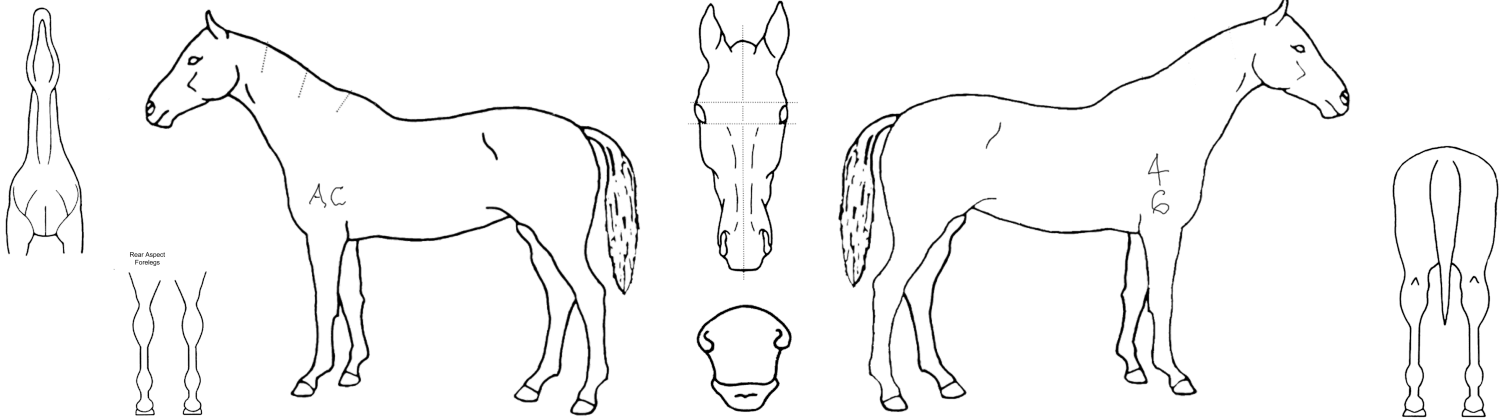


VETERINARY REPORT ON BROODMARE FOR SALE

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: I Spy (AUS)	
(If unnamed) Sire: Zoustar (AUS)	Dam: Dushanbe (AUS)
Colour: Grey	Breed: Thoroughbred
Microchip No: 985100012116523	Sex: Filly
Owner (if known):	
Person requesting examination: A Calvert	Place of examination: -37.6119 144.8346



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: 4.5 x 4.2cm	Left: 3.3 x 2.9cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 4.5 x 4.3cm	Right: 2.8 x 2.1cm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Uterine folds with a small amount of fluid. Is in season.	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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Vulva	Y	N	Details
Cervix	Y	N	Details	Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		General Clinical Exam			
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Udder Examination	Nad		
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Feet Examination	Nad		
				Eye Examination	Nad		

Other relevant clinical abnormalities:

Date: 04-07-2021	
Name: Ian Church	
Contact Number: 0418345192	
Address: 47 Bay Street Brighton VIC 3186	
AVA No: 6188	
VPB No: 2090	
Signed: _____	