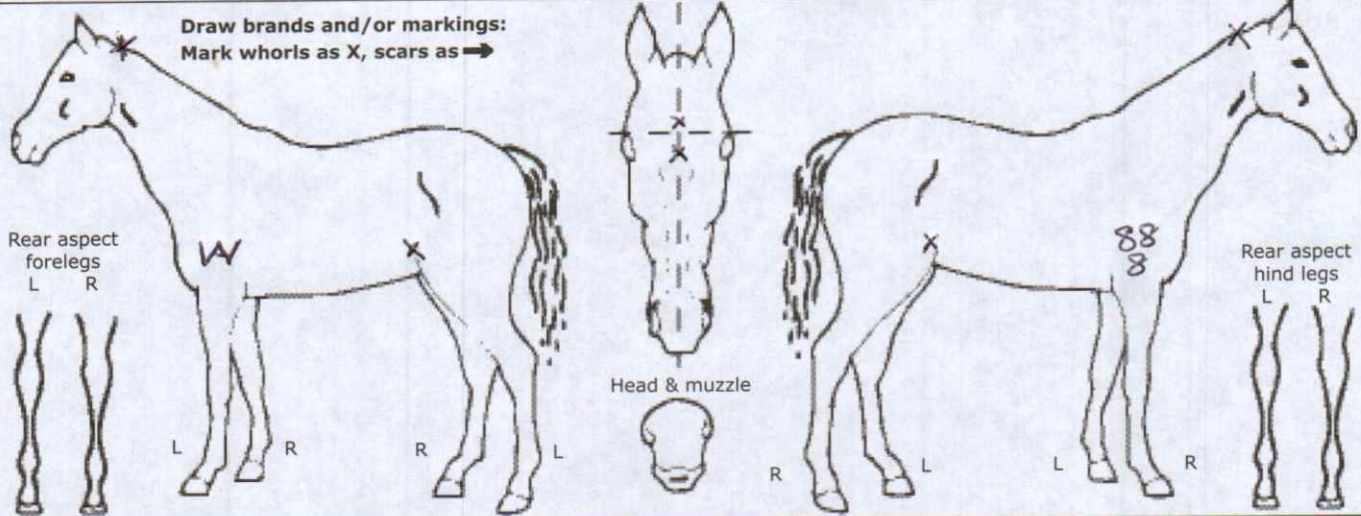


VETERINARY REPORT ON BROODMARE FOR SALE

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 Equity® Vaccine or any other medication.

| | | | |
|--|--|---|--|
| Animal presented as: THE MAP | | Age/DOB: 1.11.2018 | |
| (If unnamed) Sire: ALPINE EAGLE | | Dam: THIS MOMENT | |
| Breed: THOROUGHBRED Colour: BAI | | Microchip No: 985100012161685 | |
| Owner (if known): D. MACCILLVAY | | Address (if known): | |
| Person requesting examination: VINERY STUD | | Place of examination: VINERY 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

| Vaccination | Y/N | Date |
|--------------|-------------------------------------|------|
| Hendra (HeV) | <input checked="" type="checkbox"/> | |
| Tetanus | <input checked="" type="checkbox"/> | |
| Strangles | <input checked="" type="checkbox"/> | |
| 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"/> | | | LEFT: 5.1 x 3.5cm | 1.3cm | |
| U/S Examination | Left | <input checked="" type="checkbox"/> | | | Right | <input checked="" type="checkbox"/> | | | RIGHT: 4.8 x 2.8cm | 1.2cm | |

| 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: AAKE TIGHT. | | | |
| | 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: | | | |
| | NL | Ab | NE |
| Visual Examination | <input checked="" type="checkbox"/> | | |
| Manual Examination | <input checked="" type="checkbox"/> | | |
| Comments: | | | |

Other comments

| | |
|--|---------------------------------|
| Date: 15th MAY 2025 | Signed: |
| Name (please print): W.D. MATTHEWS. | Place stamp/write address here: |
| Contact Number: 0488767616 | |
| AVA No: 5012 | VPB No: N8421 |

W.D. Matthews
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