

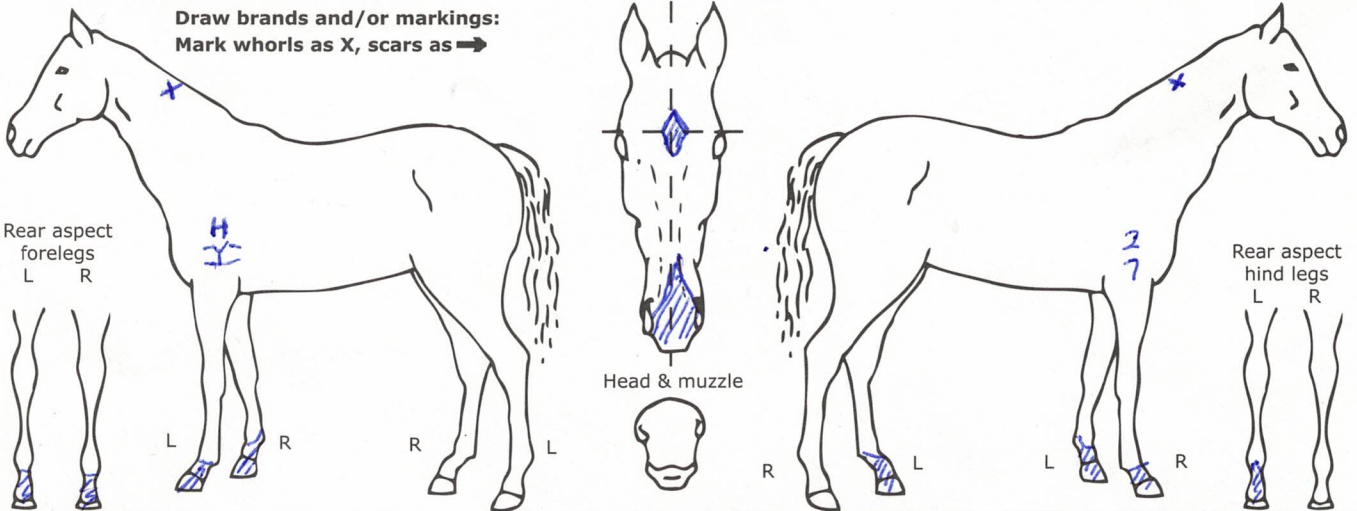


## VETERINARY REPORT ON BROODMARE FOR SALE

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: <b>SOLAI A</b>		Age/DOB: <b>8 years</b>
(If unnamed) Sire:		Dam:
Breed: <b>Thoroughbred</b>	Colour: <b>Bay</b>	Microchip No: <b>985100012149121</b>
Owner (if known): <b>Bruce Edward</b>		Address (if known): <b>Rosenows Rd, Durham Leed</b>
Person requesting examination: <b>Bruce Edward</b>		Place of examination: <b>Durham Park</b>

Draw brands and/or markings:  
Mark whorls as X, scars as →



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 checked="" type="checkbox"/>
Not Pregnant	<input type="checkbox"/>

Reported last serve date

**1/11/25**

Vaccination Y/N Date

Hendra (HeV)	<b>Y</b>	<b>6/2/24</b>
Tetanus		
Strangles		
EHV-1,4	<b>Y</b>	<b>10/4/24</b>

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	<b>Left</b>			<input checked="" type="checkbox"/>	<b>Right</b>			<input checked="" type="checkbox"/>			<i>Unable to reach ovaries over gravid uterus</i>
U/S Examination	<b>Left</b>			<input checked="" type="checkbox"/>	<b>Right</b>			<input checked="" type="checkbox"/>			

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	<b>Y</b>	<b>N</b>	<b>NE</b>
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:			

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:			

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments: <i>Normal conformation</i>			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:			

Other comments .....

Date: <b>30.04.26</b>	Signed:
Name (please print): <b>Alexandra Pearce</b>	Place stamp/write address here:
Contact Number: <b>0437 467 097</b>	
AVA No: <b>34473</b>	VPB No: <b>04094</b>

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