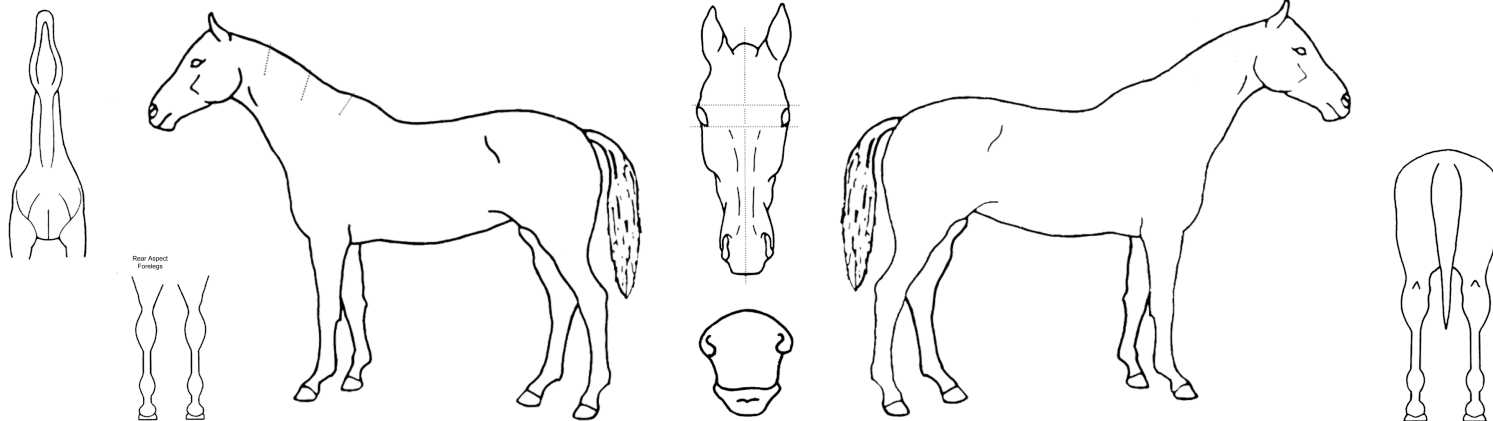


## VETERINARY REPORT ON BROODMARE FOR SALE

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 Equivac Vaccine or any other medication.

Animal presented as: Terra Mater (AUS)		
(If unnamed) Sire: Wandjina (AUS)		Dam: Before Time (AUS)
Colour: Bay	Breed: Thoroughbred	Sex: Filly
Microchip No: 985100012170179		DOB: 28/09/2019
Owner (if known):		
Person requesting examination: Manager		Place of examination: Rheinwood Pastoral



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 type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Left:</b> 42 x 55 x 38 mm	<b>Left:</b> 25 mm + cl	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Right:</b> 58 x 48 x 45 mm	<b>Right:</b> 30 mm + cl	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dioestrus 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 type="checkbox"/>	<input checked="" 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 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"/>		<b>General Clinical Exam</b>			
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Udder Examination	Within normal limits		
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Feet Examination	Within normal limits		
				Eye Examination	Within normal limits		

Other relevant clinical abnormalities:

Date: 29-04-2026	
Name: Karim Kooros BVetMed MVS	
Contact Number: 0404850065	
Address: PO Box 308 Bowral NSW 2576	
AVA No: 5207      VPB No: 5630	
Signed: _____	