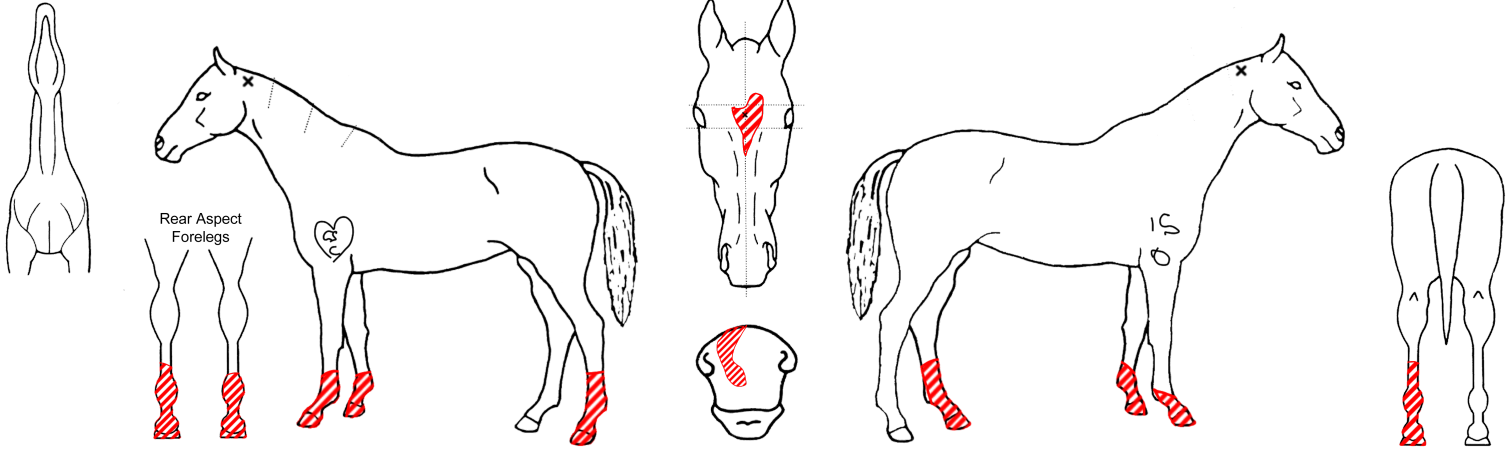


VETERINARY REPORT ON BROODMARE FOR SALE

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 Equity Vaccine or any other medication.

Animal presented as: Mare Of Mt Buller (AUS)		
(If unnamed) Sire: Dundeel (NZ)		Dam: Aliberani (AUS)
Colour: Bay	Breed: Thoroughbred	Sex: Mare
Microchip No: 985100012190970		DOB: 2020
Owner (if known):		
Person requesting examination:		Place of examination: Yarraman Park



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: 57	Left: 42	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 40	Right: 12	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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			wnl
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Feet Examination			wnl
				Eye Examination			wnl

Other relevant clinical abnormalities:

Date: 29-04-2026	
Name: Elizabeth Barter	
Contact Number: 55043820	
Address: 5 moonee valley close scone nsw 2337	
AVA No: 23244 VPB No: n9810	