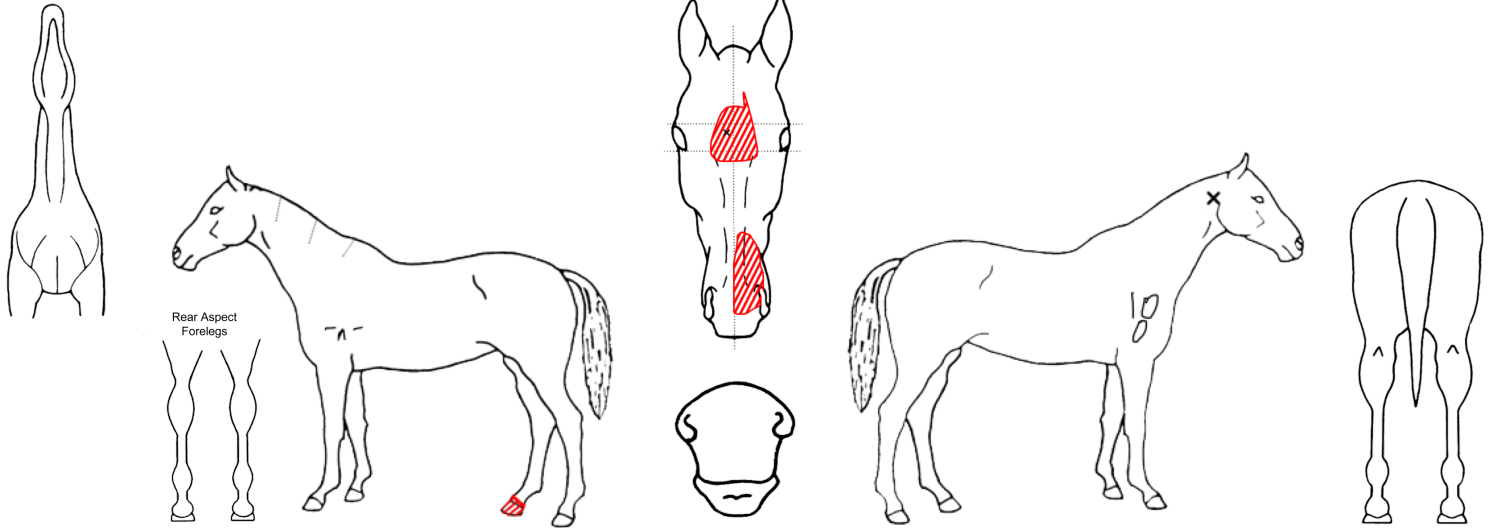


## VETERINARY REPORT ON BROODMARE FOR SALE

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: Poppin' Champagne (AUS)		
(If unnamed) Sire: Written Tycoon (AUS)	Dam: La Paris (AUS)	
Colour: Bay	Breed: Thoroughbred	Sex: Filly
Microchip No: 985100012188946	DOB: 25/08/2020	
Owner (if known):		
Person requesting examination: Rachel Safir	Place of examination: -32.1378 150.9379	



**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"/>	<b>Left:</b> 60x45mm	<b>Left:</b> 15mm	CL left
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Right:</b> 45x50mm	<b>Right:</b> 15mm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5 and 3mm cysts base right horn- no concern	Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		U/S Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Cysts	<input checked="" type="checkbox"/>	<input 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"/>		<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 type="checkbox"/>	<input checked="" type="checkbox"/>		<b>General Clinical Exam</b>			
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Udder Examination			NSF
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Feet Examination			NSF
				Eye Examination			NSF

**Other relevant clinical abnormalities:**

Date: 29-04-2026	
Name: Dr James Dawson	
Contact Number: 0431634557	
Address: 340 Blairmore Ln Aberdeen NSW 2336	
AVA No: 95639      VPB No: 11657	
Signed: _____	