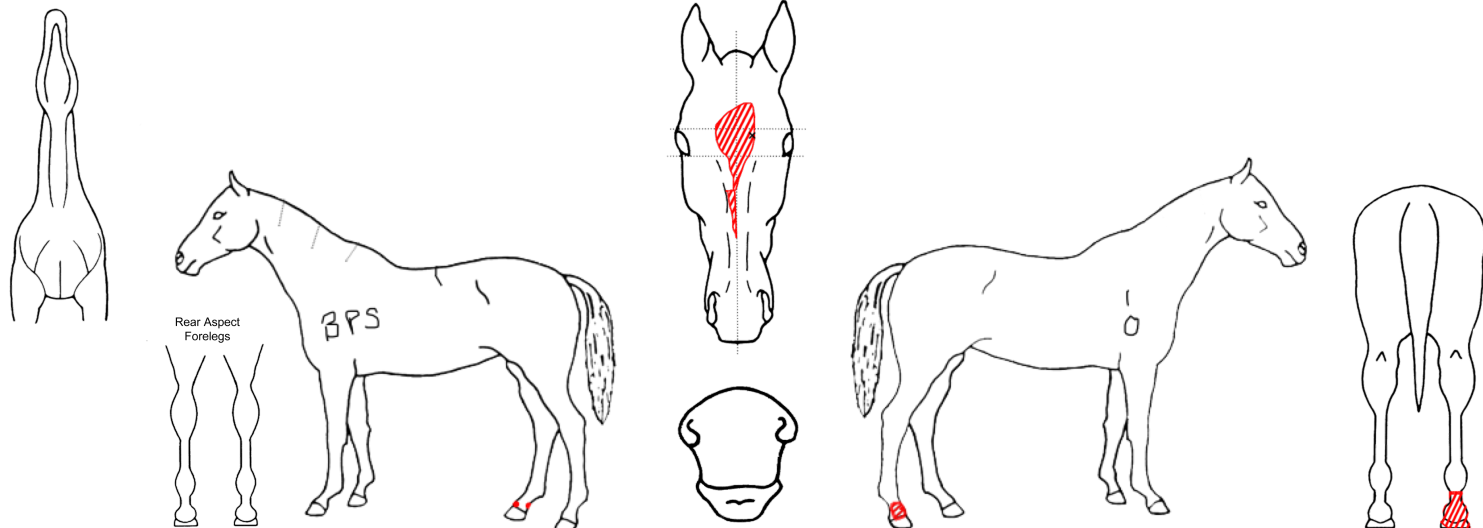


VETERINARY REPORT ON BROODMARE FOR SALE

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: Appin Girl (AUS) | | |
| (If unnamed) Sire: Capitalist (AUS) | | Dam: Sarthemare (AUS) |
| Colour: Bay | Breed: Thoroughbred | Sex: Filly |
| Microchip No: 985100012193260 | | DOB: 05/10/2020 |
| Owner (if known): | | |
| Person requesting examination: Lionel cohen | | Place of examination: -33.8644 150.6931 |



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 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: 7.1 x 4.5cm | Left: 45mm | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Right: 5.1 x 4.3 | Right: 10mm | |

| Uterus | Y | N | Details | Vagina | Y | N | Details |
|--------------------|-------------------------------------|-------------------------------------|-----------------------|--------------------------|-------------------------------------|-------------------------------------|---------|
| Manual examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1+ fold | 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"/> | | Cervix | Y | N | |
| Manual examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Manual examination | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Abnormalities | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Visual Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | General Clinical Exam | | | | |
| Abnormalities | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Udder Examination | Normal | | | |
| | | | Feet Examination | Front shoes | | | |
| | | | Eye Examination | Normal | | | |

Other relevant clinical abnormalities:

| | |
|--|--|
| Date: 01-05-2026 | |
| Name: Dr Andrew Argyle | |
| Contact Number: 46597322 | |
| Address: 170 Russell In Oakdale NSW 2570 | |
| AVA No: 17165 | |
| VPB No: 7512 | |
| Signed: <small>Signature</small> | |