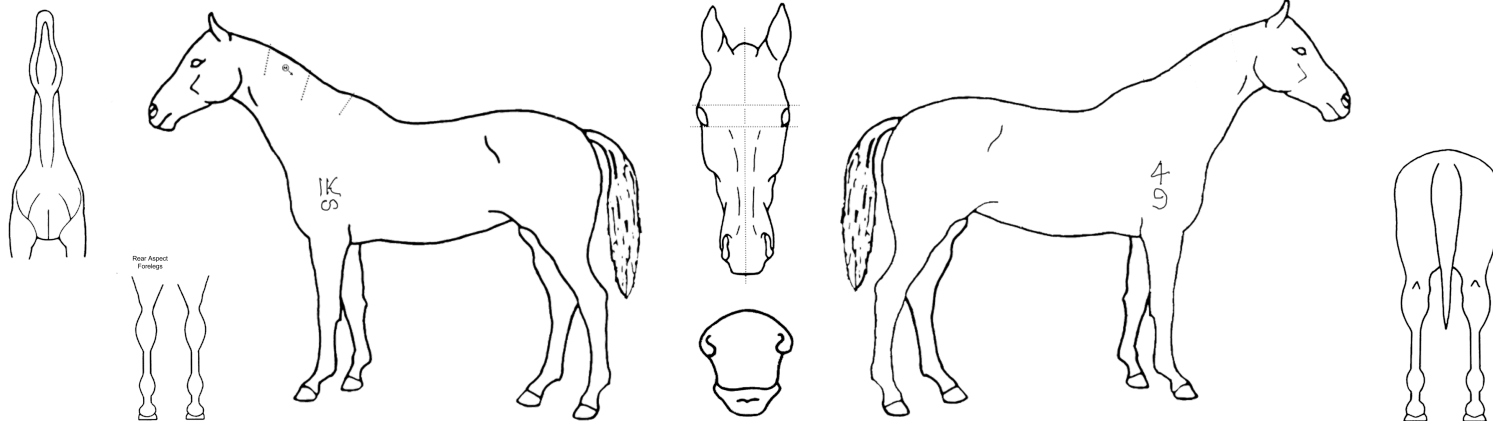


## VETERINARY REPORT ON BROODMARE FOR SALE

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: Miss Icelandic (AUS)		
(If unnamed) Sire: Deep Field (AUS)		Dam: Iceland Turf Belle (AUS)
Colour: Brown	Breed: Thoroughbred	Sex: Filly
Microchip No: 985100012168603		DOB: 18/08/2019
Owner (if known):		
Person requesting examination: M Laurie		Place of examination: 120 Graydens Rd Moorooduc



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> 4.4 x 4.9 cm	<b>Left:</b> 0.8 x 1 cm	Corpus luteum on right ovary
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Right:</b> 5.5 x 5.7 cm	<b>Right:</b> 4.0 x 3.1 cm	

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

Other relevant clinical abnormalities:

Date: 01-05-2026	
Name: Ian Church	
Contact Number: 0418345192	
Address: 6/21 Yazaki Way Carrum Downs	
AVA No: 6188      VPB No: 2090	
Signed: _____	