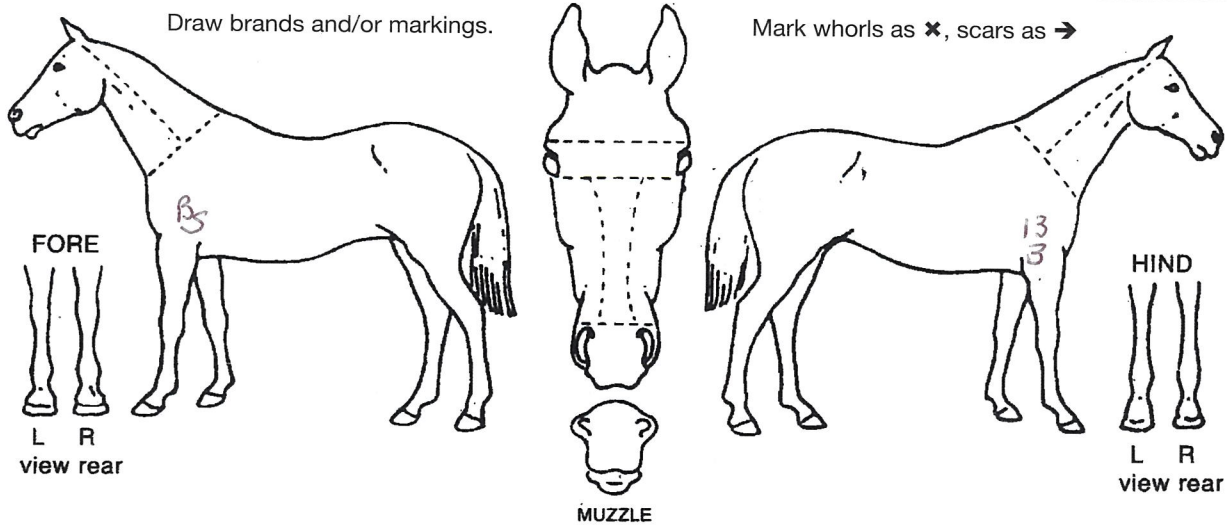


VETERINARY REPORT ON BROODMARE FOR SALE

Animal presented as: SPANKS		Age/DOB: 6
If (unnamed) Sire:		Dam:
Breed: TB	Colour: CHESTNUT	Microchip No: 985100012037877
Owner (if know):		Address:
Person requesting examination: S McALPINIE		Place of examination: EUREKA STUD



This mare was examined (please tick)

Under Sedation	<input type="checkbox"/>
Not Sedated	<input checked="" type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>

This mare was (please tick)

Pregnant	<input type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions	Largest Follicles Diameter	Comments
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left 40 x 40		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right 40 x 40		

Uterus	Y	N	Details
Manual 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"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Vagina	Y	N	Details
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Vulva	Y	N	Details
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	

Cervix	Y	N	Details
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Udder	Y	N	Details
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Note: This examination is limited to an assessment of the above specified matter 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 EquiVacc vaccine or any other medication.

Date: 5/5/20	Signed: <i>[Signature]</i>
Name (please print): D R PASCOE	PASCOE'S DAVID R. PASCOE BVSc., PhD., FANZCVS. and Associates ABN 66 010 387 096 TEL: 07 4692 0400 Fax: 07 4692 0499 Post: P.O. BOX 2, OAKEY, QLD, 4401
Contact Number: 0418790792	
AVA No: 1296 VPB No:	