**VETERINARY REPORT ON BROODMARE FOR SALE**

**Animal presented as:** SPANKS  
**Age/DOB:** 6

**If (unnamed) Sire:**  
**Breed:** TB  
**Colour:** CHESTNUT

**Owner (if know):**  
**Person requesting examination:** S. McAlpine

**Dam:**  
**Microchip No:** 985100012037577

**Address:**  
**Place of examination:** Eureka Stud

---

**Draw brands and/or markings.**

**Mark whorls as ✗, scars as ➔**

---

This mare was examined (please tick)  
- Under Sedation
- Not Sedated  
- Other Physical Restraint

This mare was (please tick)  
- Pregnant
- Not Pregnant

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

<table>
<thead>
<tr>
<th>Ovaries</th>
<th>Y</th>
<th>N</th>
<th>Total Ovarian Dimensions</th>
<th>Largest Follicles Diameter</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Examination</td>
<td>✓</td>
<td></td>
<td></td>
<td>40 x 40</td>
<td></td>
</tr>
<tr>
<td>U/S Examination</td>
<td>✓</td>
<td></td>
<td></td>
<td>40 x 40</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Uterus</th>
<th>Y</th>
<th>N</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Examination</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U/S Examination</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uterine Cysts</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uterine Fluid</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abnormalities</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cervix</th>
<th>Y</th>
<th>N</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Examination</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U/S Examination</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Examination</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abnormalities</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Vein:**  
**Manual Examination**  
**Visual Examination**  
**U/S Examination**  
**Abnormalities**

**Vulva**  
**Casedick**  
**Abnormalities**

**Udder**  
**Manual Examination**  
**Visual Examination**  
**Abnormalities**

---

**Notes:** 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 Eqyuppy® Vaccine or any other medication.

**Date:** 5/5/19  
**Signed:**

---

**Name (please print):**  
**Contact Number:** 0418 790 792  
**AVA No:** 1296  
**VPB No:**

---

**PASCOE'S**  
**OAKLEY VETERINARY HOSPITAL**

**David R. Pascoe** BVS., PhD, FANZCVS, and Associates  
**ABN 66 010 387 995**  
**TEL: 07 4692 0400 Fax: 07 4692 0499**  
**Post: P.O. BOX 2, OAKLEY, QLD, 4401**