

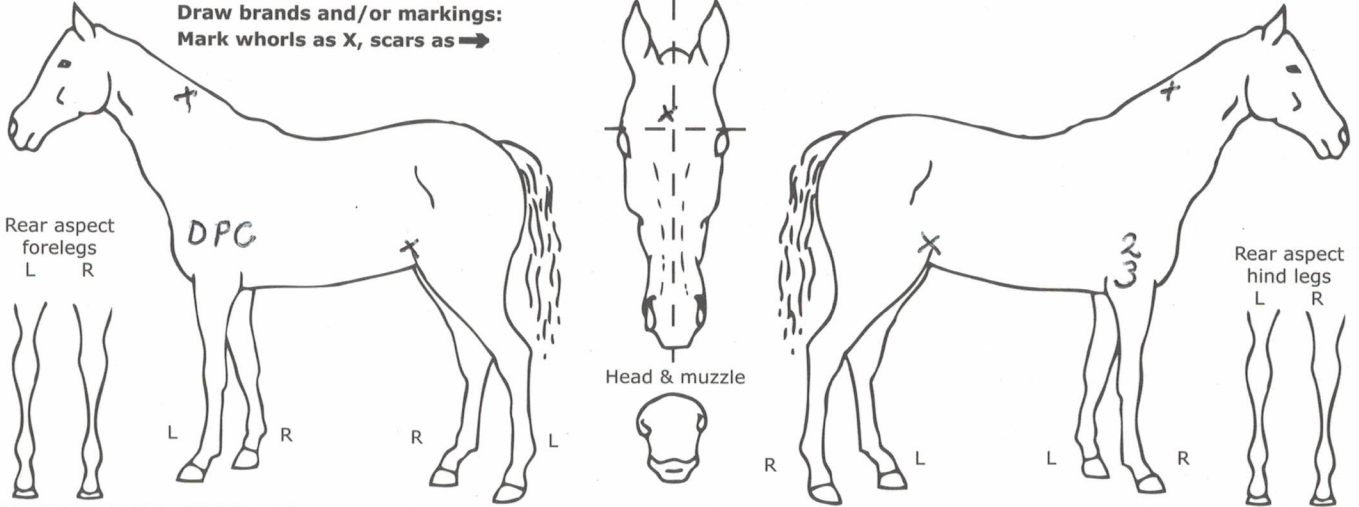


VETERINARY REPORT ON BROODMARE FOR SALE

This examination is limited to an assessment of the reproductive 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 EquiVacc® Vaccine or any other medication.

| | | |
|--|--|--------------------------------------|
| Animal presented as: ELUSIVE ENCOUNTER | | Age/DOB: 3-11-2013 |
| (If unnamed) Sire: SEPOY | Dam: MASONETTE | |
| Breed: THOROUGHBRED | Colour: BROWN | Microchip No: 9851000/2037829 |
| Owner (if known): MR J E CARMODY | Address (if known): | |
| Person requesting examination: MR JOHN NORTH | Place of examination: BOWNESS STUDIO | |

Draw brands and/or markings:
Mark whorls as X, scars as →



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

Reported last serve date

23-9-2020

Vaccination Y/N Date

| | | | |
|--------------|--------------------------|--------------------------|--|
| Hendra (HeV) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tetanus | <input type="checkbox"/> | <input type="checkbox"/> | |
| Strangles | <input type="checkbox"/> | <input type="checkbox"/> | |
| EHV-1,4 | <input type="checkbox"/> | <input type="checkbox"/> | |

| Ovaries | | NL | Ab | NE | | NL | Ab | NE | Total Ovarian Dimensions | Largest Follicle Diameter | Comments: |
|-------------------------------|------|----|----|----|-------|----|----|----|--------------------------|---------------------------|-----------|
| Manual Examination per Rectum | Left | | | | Right | | | | | | |
| U/S Examination | Left | | | | Right | | | | | | |

| Uterus | NL | Ab | NE |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| Manual Examination per Rectum | | | |
| U/S Examination | | | |
| | Y | N | NE |
| Uterine Cysts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uterine Fluid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

| Cervix | NL | Ab | NE |
|---------------------------------|----|----|----|
| Manual Examination per Vagina | | | |
| U/S Examination | | | |
| Visual Examination per Speculum | | | |
| Comments: | | | |

| Vulva | Y | N | NE |
|----------------------|--------------------------|-------------------------------------|--------------------------|
| Caslicked / repairs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

| Vagina | NL | Ab | NE |
|---------------------------------|----|----|----|
| Manual Examination per Vagina | | | |
| U/S Examination | | | |
| Visual Examination per Speculum | | | |
| Comments: | | | |

| Udder | NL | Ab | NE |
|--------------------|-------------------------------------|--------------------------|--------------------------|
| Visual Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual Examination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

Other comments

| | |
|---------------------------------------|---|
| Date: 25-6-2021 | Signed: P J North BVSc |
| Name (please print): P J NORTH | Place stamp/write address here: |
| Contact Number: 0269422033 | COOTAMUNDRA VETERINARY CLINIC 63 MURRAY ST 23066 COOTAMUNDRA NSW 2590 PH: 02 6942 2033 |
| AVA No: 639 | |