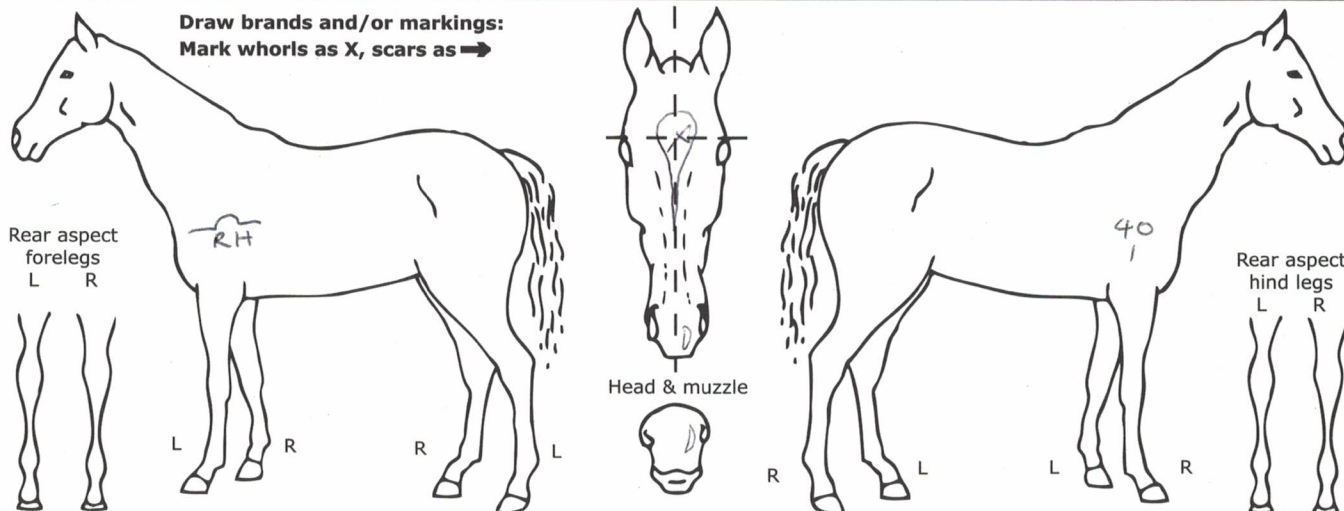




VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiV[®] Vaccine or any other medication.

Animal presented as: FAST NITZ (NZ)		Age/DOB: 18/11/2001	
(If unnamed) Sire: SNITZEL		Dam: GOOLAGONG	
Breed: TB	Colour: BAY	Microchip No: 985125000058720	
Owner (if known): HUGH WALLACE SMITH		Address (if known): 135 BAWTREE RD, CURLEWIS, VIC	
Person requesting examination: BROOKE BARKER		Place of examination: CURLEWIS, VIC	



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date		Vaccination		Y/N	Date
Under Sedation	<input type="checkbox"/>	Pregnant	<input checked="" type="checkbox"/>	1/10/18		Hendra (HeV)	<input type="checkbox"/>		
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input type="checkbox"/>			Tetanus	<input checked="" type="checkbox"/>		
Other Physical Restraint	<input type="checkbox"/>					Strangles	<input checked="" type="checkbox"/>		
						EHV-1,4	<input type="checkbox"/>		

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left			<input checked="" type="checkbox"/>	Right			<input checked="" type="checkbox"/>			
U/S Examination	Left			<input checked="" type="checkbox"/>	Right			<input checked="" type="checkbox"/>			

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

Cervix	NL	Ab	NE
Manual Examination per Vagina			
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			
Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina			
U/S Examination			
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			

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

Other comments: **covered by Magnus**

Date: 23/5/19	Signed: C. Rowe
Name (please print): CLAIRE ROWE	Place stamp/write address here:
Contact Number: (03) 52488 899	Barwon Equine Hospital 8-12 Cooney St, Moolap 3221 Ph: 03 52488899/F: 03 5248018 ABN: 65078993790
AVA No: 22599	VPB No: V6171

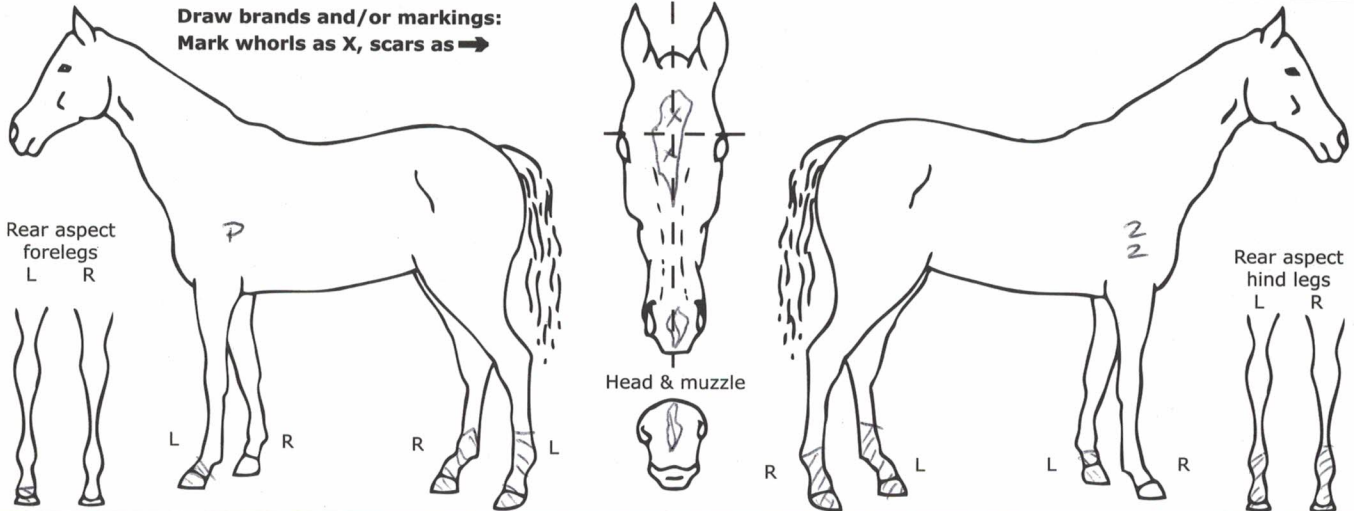
20456



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: MOLLY'S FOLLY		Age/DOB: 14/9/2002
(If unnamed) Sire: ENCOSTA DE LAGO		Dam: MOLLY MAC
Breed: TB	Colour: CHESTNUT	Microchip No: N/A
Owner (if known): HUGH WALLACE SMITH		Address (if known): 135 BAWTREE RD, CURLEWIS, VIC
Person requesting examination: BROOKE BARIKER		Place of examination: RIBBLESDALE STUD, CURLEWIS, VIC



This mare was examined (please tick)

Under Sedation	
Not Sedated	✓
Other Physical Restraint	

The mare was (please tick)

Pregnant	
Not Pregnant	✓

Reported last serve date

12/10/2018

Vaccination

Y/N

Date

Hendra (HeV)		
Tetanus	✓	
Strangles	✓	
EHV-1,4		

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?			
Uterine Fluid?			
Comments:			

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

Vulva	Y	N	NE
Caslicked / repairs?		✓	
Comments:			

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

Udder	NL	Ab	NE
Visual Examination	✓		
Manual Examination	✓		
Comments:			

Other comments covered by Palentino

Date: 23/5/19	Signed:
Name (please print): CLAIRE ROWE	Place stamp/write address here:
Contact Number: (03) 52 488 899	Barwon Equine Hospital 8-12 Cooney St, Moolap 3221 Ph: 03 52488899/F: 03 52480118 ABN: 65078993790
AVA No: 22599	VPB No: V6171

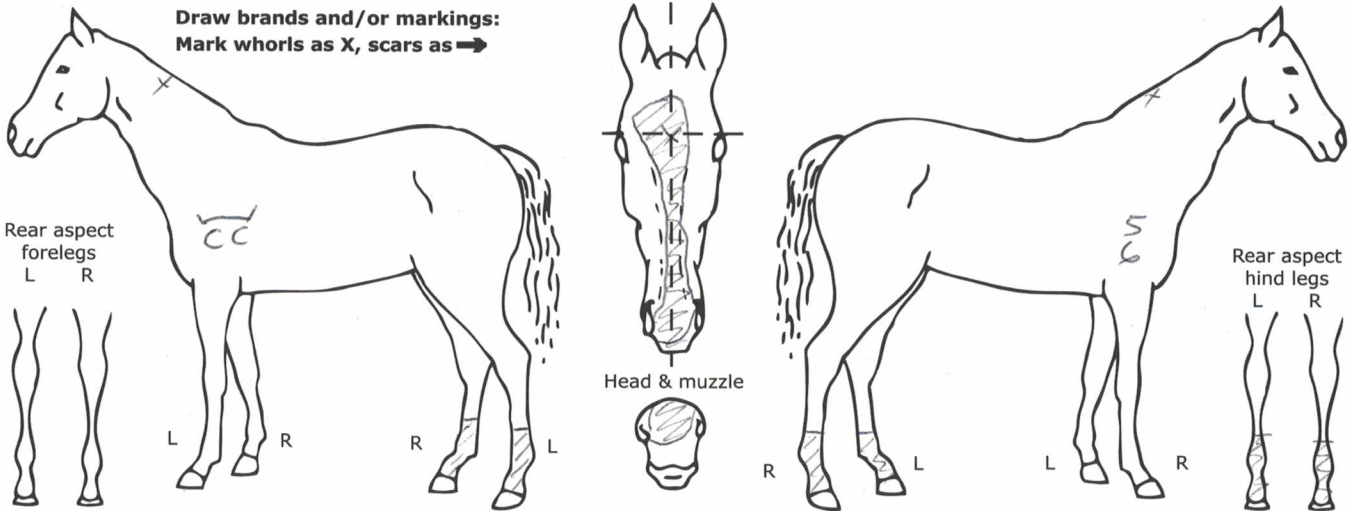
20457



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: CROOKED SMILE		Age/DOB: 16/10/2006	
(If unnamed) Sire: ENCOSTA DE LAGO		Dam: SKEWIFF	
Breed: TB	Colour: BAY	Microchip No: 985100010900744	
Owner (if known): H. WALLACE SMITH		Address (if known): 135 BAWTREE RD, CURLEWIS, VIC	
Person requesting examination: B. BARKER		Place of examination: RIBBLESDALE STUD, CURLEWIS, VIC	



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date		Vaccination		Y/N		Date	
Under Sedation		Pregnant	✓	13/10/2018		Hendra (HeV)					
Not Sedated	✓	Not Pregnant				Tetanus	✓				
Other Physical Restraint						Strangles	✓				
						EHV-1,4					

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?			
Uterine Fluid?			
Comments:			

Cervix	NL	Ab	NE
Manual Examination per Vagina			
U/S Examination	✓		
Visual Examination per Speculum	✓		
Comments:			
Vulva	Y	N	NE
Caslicked / repairs?		✓	
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina			
U/S Examination			
Visual Examination per Speculum	✓		
Comments:			
Udder	NL	Ab	NE
Visual Examination	✓		
Manual Examination	✓		
Comments:			

Other comments covered by Jimmy Creed

Date: 23/5/19	Signed: C. Rowe
Name (please print): CLAIRE ROWE	Place stamp/write address here:
Contact Number: (03) 52 488 899	Barwon Equine Hospital
AVA No: 22599	8-12 Cooney St, Moolap 3221
VPB No: V6171	Ph: 03 52488899/F: 03 5248018
	ABN: 65078993790

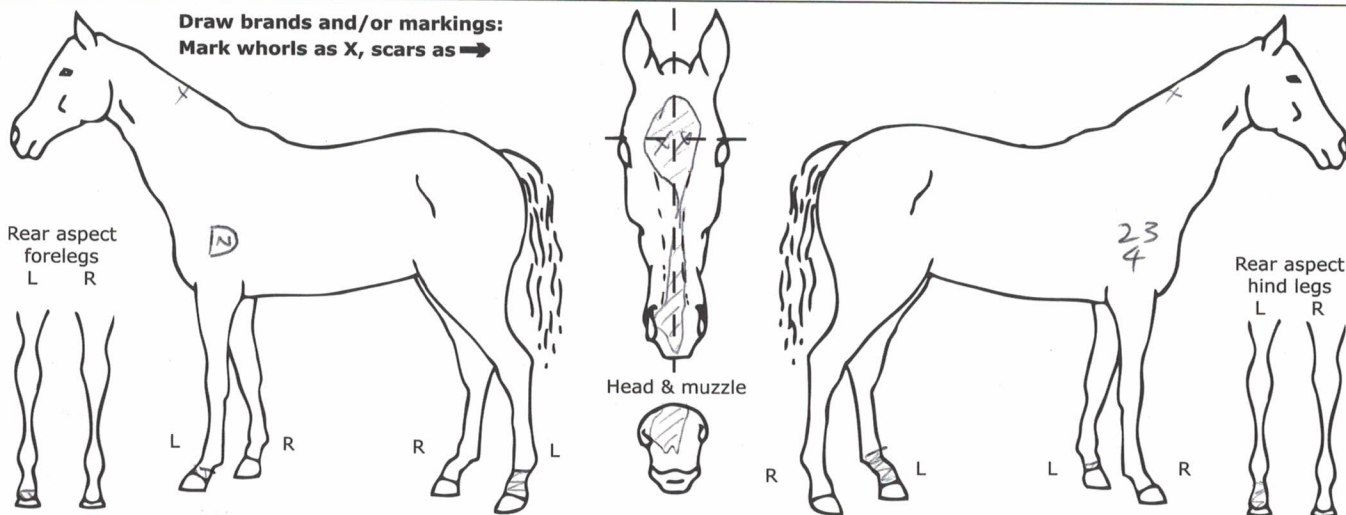
20461



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 EquiV[®] Vaccine or any other medication.

Animal presented as: STANZA SPIRIT		Age/DOB: 9/10/2004
(If unnamed) Sire: INVINCIBLE SPIRIT		Dam: STANZA BLUE
Breed: TB	Colour: BAY	Microchip No: 985100010834880
Owner (if known): H. WALLACE SMITH		Address (if known): 135 BAWTREE RD, CURLEWIS, VIC
Person requesting examination: B. BARKER		Place of examination: RIBBLESDALE STUD, CURLEWIS, VIC



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination	Y/N	Date
Under Sedation		Pregnant	<input checked="" type="checkbox"/>	19/11/2018	Hendra (HeV)		
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant			Tetanus	<input checked="" type="checkbox"/>	
Other Physical Restraint					Strangles	<input checked="" type="checkbox"/>	
					EHV-1,4		

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>					
U/S Examination	Left			<input checked="" type="checkbox"/>	Right			<input checked="" type="checkbox"/>			

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

Cervix	NL	Ab	NE
Manual Examination per Vagina			
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			

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

Vagina	NL	Ab	NE
Manual Examination per Vagina			
U/S Examination			
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			

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

Other comments covered by Tornado

Date: 23/5/19	Signed: C. Rowe
Name (please print): CLAIRE ROWE	Place stamp/write address here:
Contact Number: (03) 52 488 899	Barwon Equine Hospital 8-12 Cooney St. Moolap 3221 Ph: 03 52488899/F: 03 5243018 ABN: 65078993790
AVA No: 22599	VPB No: V6171

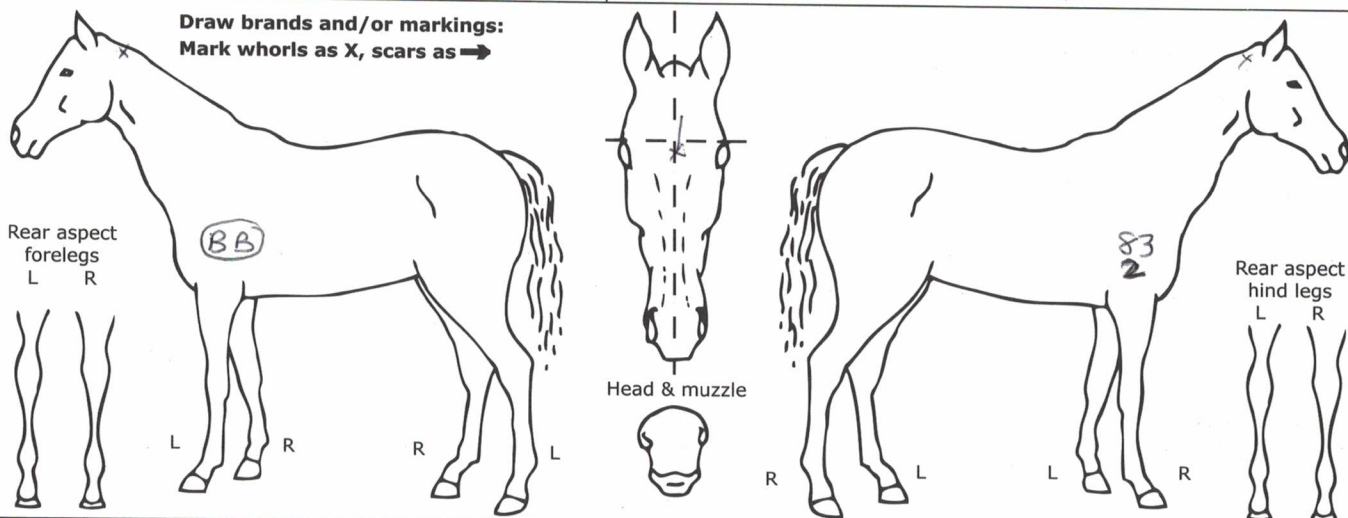
20460



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 EquiV[®] Vaccine or any other medication.

Animal presented as: SPINS ON SPINS (NZ)		Age/DOB: 24/10/2012
(If unnamed) Sire: SAVABEEL (AUS)		Dam: RENEASY (NZ)
Breed: TB	Colour: BAY	Microchip No: 985125000068617
Owner (if known): H. WALLACE SMITH		Address (if known): 135 BAWTREE RD, CURLEWIS, VIC
Person requesting examination: B. BARKER		Place of examination: RIBBLESDALE STUD, CURLEWIS



This mare was examined (please tick)

Under Sedation	
Not Sedated	✓
Other Physical Restraint	

The mare was (please tick)

Pregnant	✓
Not Pregnant	

Reported last serve date

1/11/2018

Vaccination

Y/N

Date

Hendra (HeV)		
Tetanus	✓	
Strangles	✓	
EHV-1,4		

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?			
Uterine Fluid?			
Comments:			

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

Vulva	Y	N	NE
Caslicked / repairs?		✓	
Comments:			

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

Udder	NL	Ab	NE
Visual Examination	✓		
Manual Examination	✓		
Comments:			

Other comments covered by Palentino

Date: 23/5/2019	Signed:
Name (please print): CLAIRE ROWE	Place stamp/write address here:
Contact Number: (03) 52 488 899	Barwon Equine Hospital 8-12 Cooney St, Moolap 3221 Ph: 03 52488899/F: 03 5248018 ABN: 65078993790
AVA No: 22599	VPB No: V6171

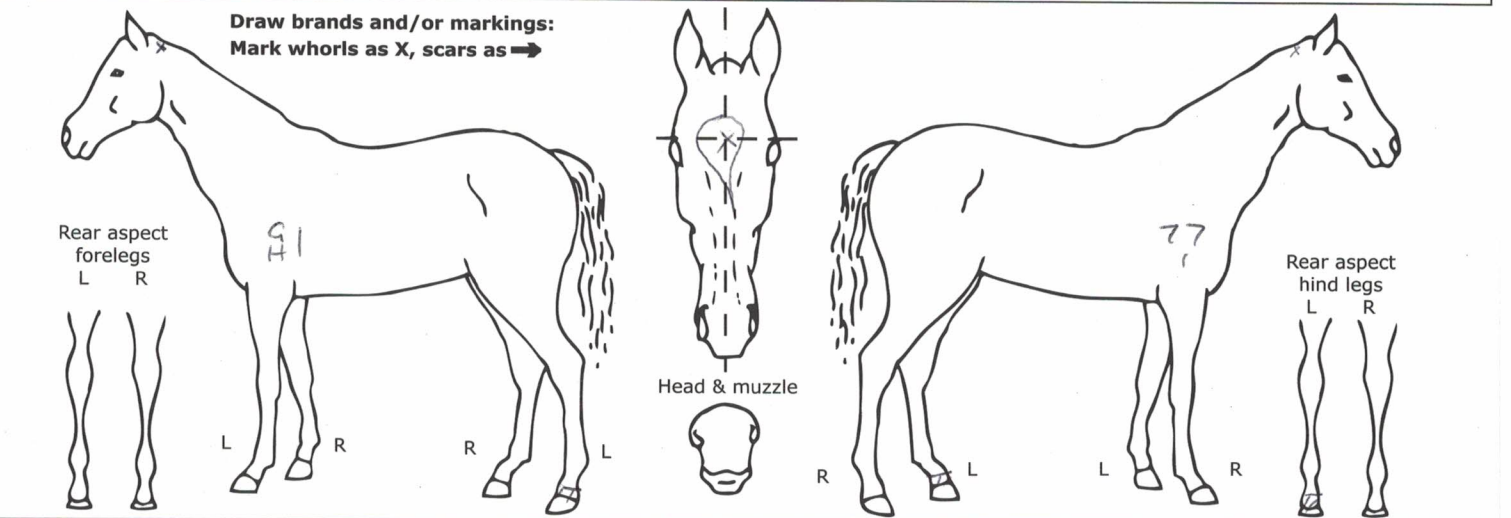
20459



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 EquiVax® Vaccine or any other medication.

Animal presented as: FLYING BRIT		Age/DOB: 12/09/2011
(If unnamed) Sire: FLYING SPUR		Dam: BRITOMART
Breed: TB	Colour: BAY	Microchip No: 985100012002936
Owner (if known): H. WALLACE SMITH		Address (if known): 135 BAWTREE RD, CURLEWIS, VIC
Person requesting examination: B. BARKER		Place of examination: RIBBLESDALE STUD, CURLEWIS, VIC



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination	Y/N	Date
Under Sedation	<input type="checkbox"/>	Pregnant	<input checked="" type="checkbox"/>	12/09/2018	Hendra (HeV)	<input type="checkbox"/>	
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input type="checkbox"/>		Tetanus	<input checked="" type="checkbox"/>	
Other Physical Restraint	<input type="checkbox"/>				Strangles	<input checked="" type="checkbox"/>	
					EHV-1,4	<input type="checkbox"/>	

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>					
U/S Examination	Left			<input checked="" type="checkbox"/>	Right			<input checked="" type="checkbox"/>			

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			

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

Other comments **covered by Bel Esprit**

Date: 23/5/19	Signed: CL Rowe
Name (please print): CLAIRE ROWE	Place stamp/write address here:
Contact Number: (03) 52 488 899	
AVA No: 22599	VPB No: V6171

Barwon Equine Hospital
8-12 Cooney St, Moolap 3221
Ph: 03 52488899/F: 03 5248018
ABN: 65078993790

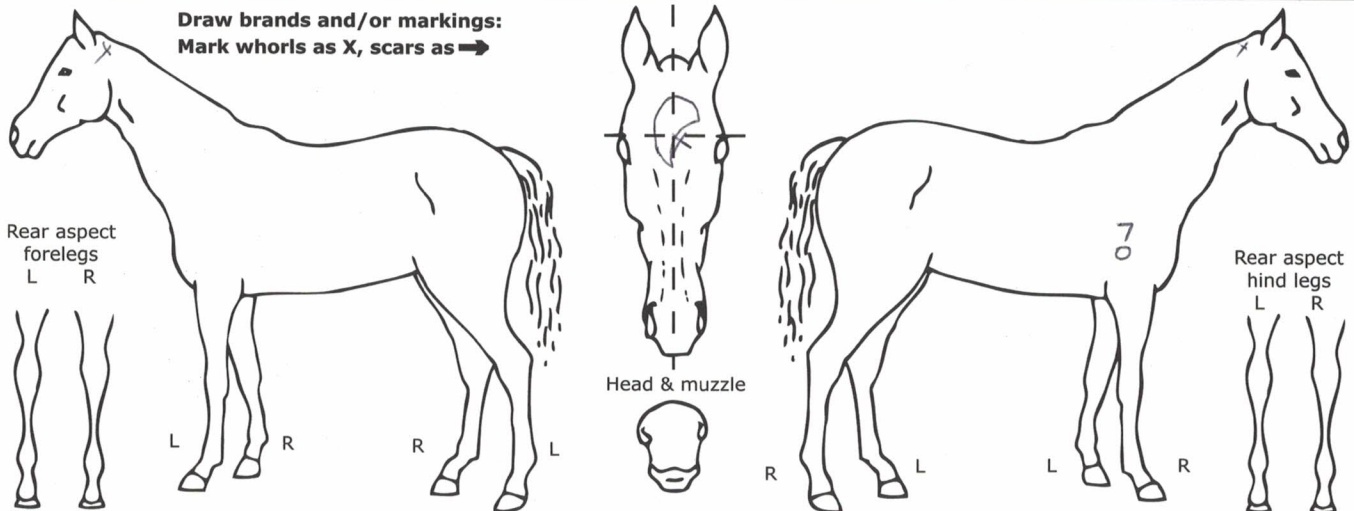
20458



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 EquiV[®] Vaccine or any other medication.

Animal presented as: DANCING ROSE		Age/DOB: 19/10/2010
(If unnamed) Sire: SEBRING		Dam: CAN CANELLE
Breed: TB	Colour: BROWN	Microchip No: 985100010965191
Owner (if known): HUGH WALLACE SMITH		Address (if known): 135 BAWTREE RD, CURLEWIS, VIC
Person requesting examination: BROOKE BARKER		Place of examination: RIBBLES DALE STUD, CURLEWIS, VIC



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination	Y/N	Date
Under Sedation	<input type="checkbox"/>	Pregnant	<input checked="" type="checkbox"/>	3/11/2018	Hendra (HeV)	<input type="checkbox"/>	<input type="checkbox"/>
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input type="checkbox"/>		Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Other Physical Restraint	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

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

Other comments **covered by Sepoy**

Date: 23/5/19	Signed: CL Rowe
Name (please print): CLAIRE ROWE	Place stamp/write address here:
Contact Number: (03) 52 488 899	
AVA No: 22599	VPB No: V6171

Barwon Equine Hospital
8-12 Cooney St, Moolap 3221
Ph: 03 52488899/F: 03 5248018
ABN: 65078993790

20455