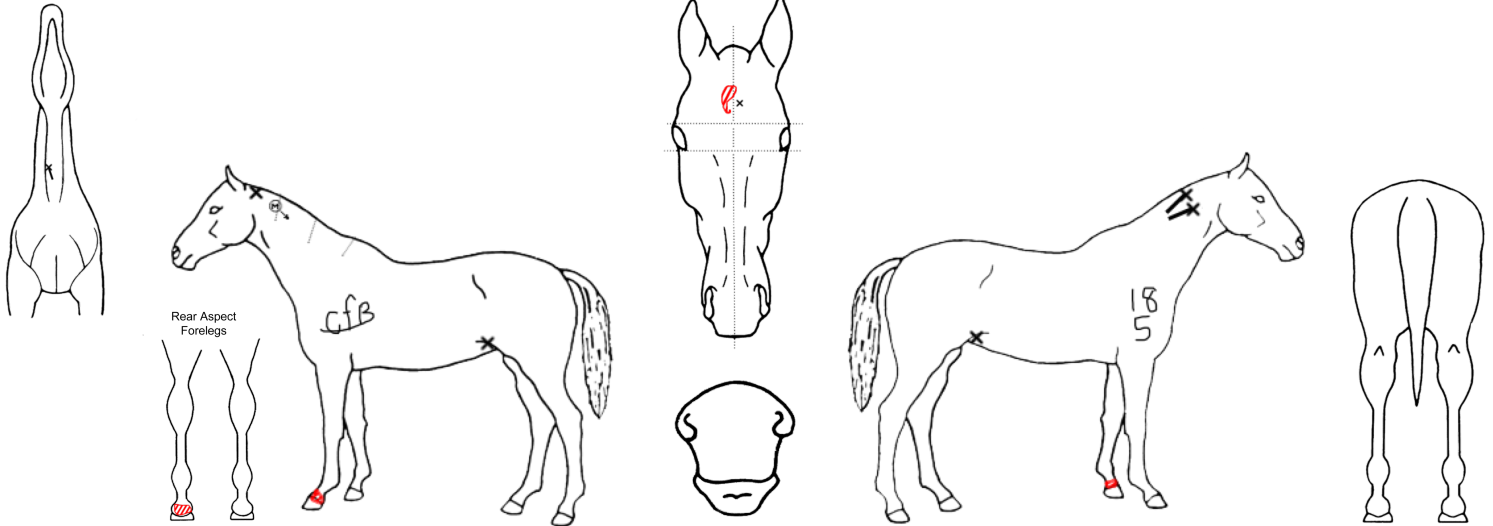


## VETERINARY REPORT ON BROODMARE FOR SALE

*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 Equivax Vaccine or any other medication.*

Animal presented as: Secret Lady (AUS)		
(If unnamed) Sire: Choisir (AUS)	Dam: For Your Eyes Only (AUS)	
Colour: Bay	Breed: Thoroughbred	Sex: Mare
Microchip No: 985100012104846		Age/DOB: 4 years
Owner (if known):		
Person requesting examination:		Place of examination: -34.0424 150.5036



**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"/>	Left: 4 x 7	Left: 1.8	CI both left and right
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 4.3 x 5.4	Right: 1.5	


  

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"/>	
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"/>	

Vagina	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"/>	
Vulva	Y	N	Details
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
General Clinical Exam			
Udder Examination			Normal
Feet Examination			Normal
Eye Examination			Normal

**Other relevant clinical abnormalities:**

Date: 04-10-2019	 Signed: _____
Name (please print): Dr Andrew Argyle	
Contact Number: 46597322	
Address: 170 Russell In Oakdale NSW 2570	
AVA No: 17165 VPB No: 7512	