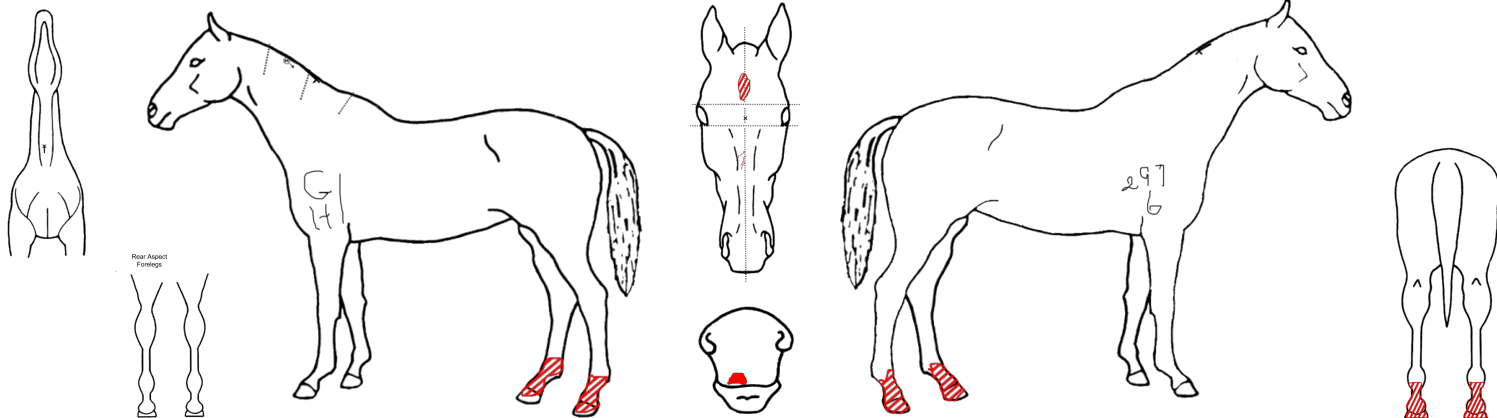


## VETERINARY REPORT ON BROODMARE FOR SALE

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: Bold Assertion (NZ)		
(If unnamed) Sire: Tavistock (NZ)	Dam: Assertion (NZ)	
Colour: Bay	Breed: Thoroughbred	Sex: Filly
Microchip No: 98512500092088	Age/DOB: 3 years	
Owner (if known):		
Person requesting examination: Paul Maguire	Place of examination: 227 Pierce Avenue, Caloundra, QLD 4551	



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 type="checkbox"/>	<input checked="" type="checkbox"/>	Left: 50	Left: 26	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 60	Right: 40	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In oestrus	Manual examination	<input type="checkbox"/>	<input checked="" 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	Vulva	Y	N	Details
Manual examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Abnormalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
General Clinical Exam							
Udder Examination				WNL			
Feet Examination				WNL			
Eye Examination				WNL			

Other relevant clinical abnormalities:

Date: 30-10-2019	
Name (please print): Dr. Tony Doherty MVB. MANZCVS	
Contact Number: 0412244427	
Address: 227 Pierce Avenue, Bells Creek, Caloundra QLD 4551	
AVA No: 15072      VPB No: QLD 3444	
Signed: _____	