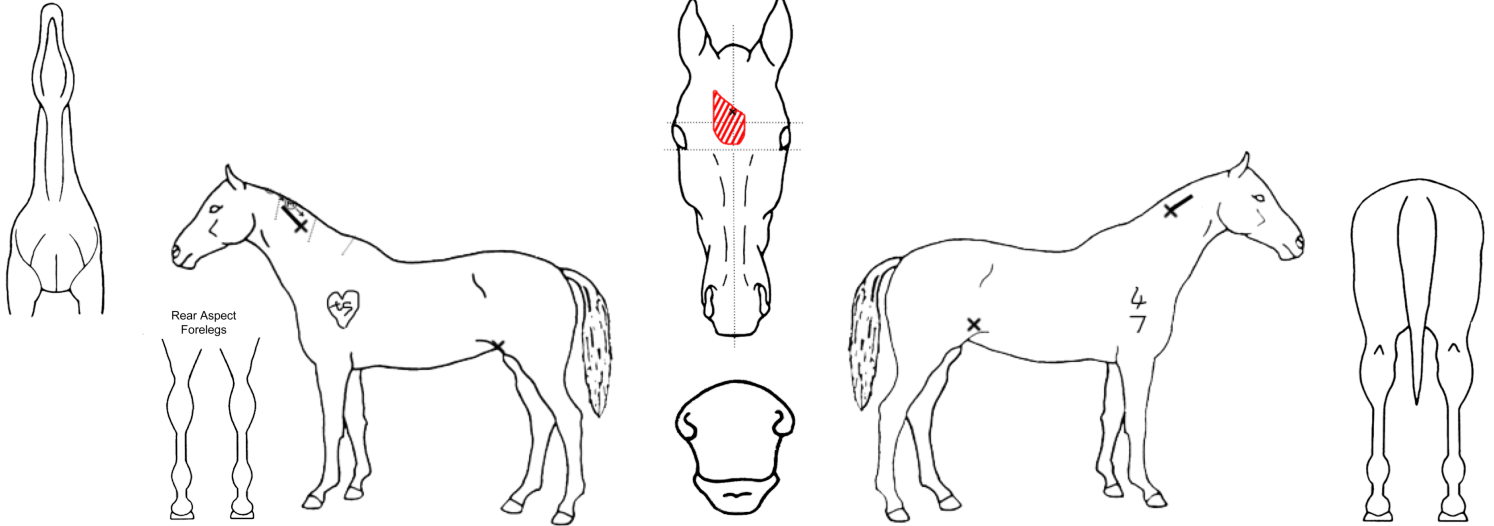


## VETERINARY REPORT ON BROODMARE FOR SALE

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 Equity Vaccine or any other medication.

Animal presented as: Kensington Avenue (AUS)		
(If unnamed) Sire: Shooting To Win (AUS)		Dam: Wynnstay Avenue (AUS)
Colour: Bay	Breed: Thoroughbred	Sex: Filly
Microchip No: 985100012125040		DOB: 08/08/2017
Owner (if known):		
Person requesting examination:		Place of examination: -34.1357 150.5491



**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: 63x 50	Left: 38	In season
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 60x 47	Right: 42	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Strong estrus foldsp	Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S 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"/>		Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Vulva</b>	<b>Y</b>	<b>N</b>	
<b>Cervix</b>	<b>Y</b>	<b>N</b>	<b>Details</b>	Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>General Clinical Exam</b>			
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Udder Examination	Normal		
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Feet Examination	Normal		
				Eye Examination	Left cornea old graft		

**Other relevant clinical abnormalities:**

Date: 09-11-2020		
Name: Dr Andrew Argyle		
Contact Number: 46597322		
Address: 170 Russell In Oakdale NSW 2570		
AVA No: 17165		VPB No: 7512
Signed: <small>Signature</small>		