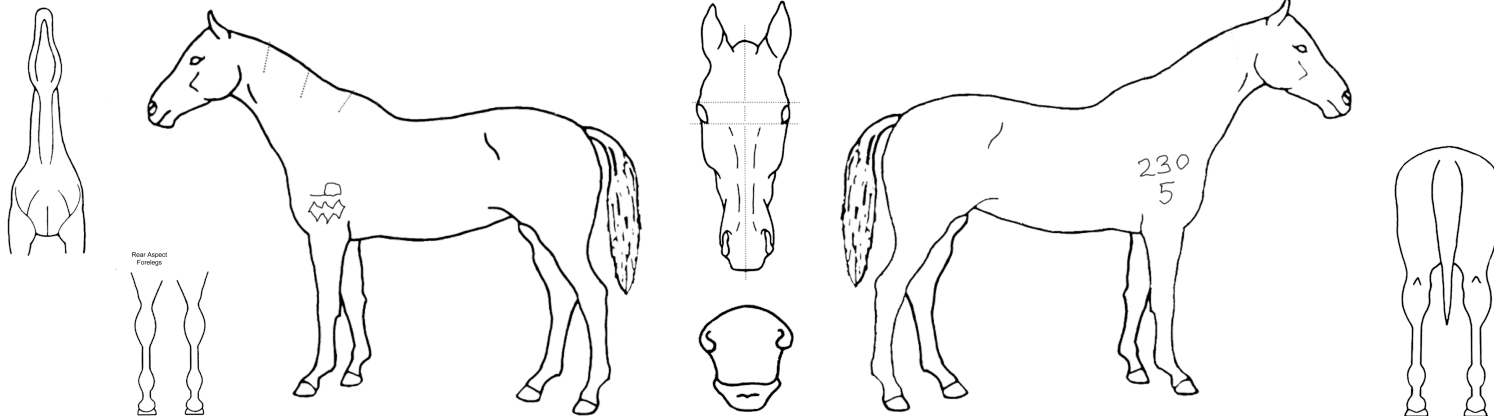


VETERINARY REPORT ON BROODMARE FOR SALE

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: Maximak (AUS)		
(If unnamed) Sire: Smart Missile (AUS)		Dam: Wecansay Mak (AUS)
Colour: Bay	Breed: Thoroughbred	Sex: Filly
Microchip No: 985100012101768		DOB: 28/08/2015
Owner (if known): Trainer Matt Laurie		
Person requesting examination: Trainer		Place of examination: -38.2830 145.1338



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: 2.9x5.2	Left: 1.6 x 2.6	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 3.8 x 4.9	Right: 1.7x1.3	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	e	Manual examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		U/S Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination	<input checked="" type="checkbox"/>	<input 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"/>		Vulva	Y	N	Details
Cervix	Y	N	Details	Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Manual examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	,	Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		General Clinical Exam			
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Udder Examination	Nad		
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Feet Examination	Nad		
				Eye Examination	Nad		

Other relevant clinical abnormalities:

Date: 09-07-2021		
Name: Ian Church		
Contact Number: 0418345192		
Address: 47 Bay Street Brighton VIC 3186		
AVA No: 6188		VPB No: 2090
Signed: <small>Signature</small>		

Equine Veterinarians Australia - Thoroughbred Broodmare Report