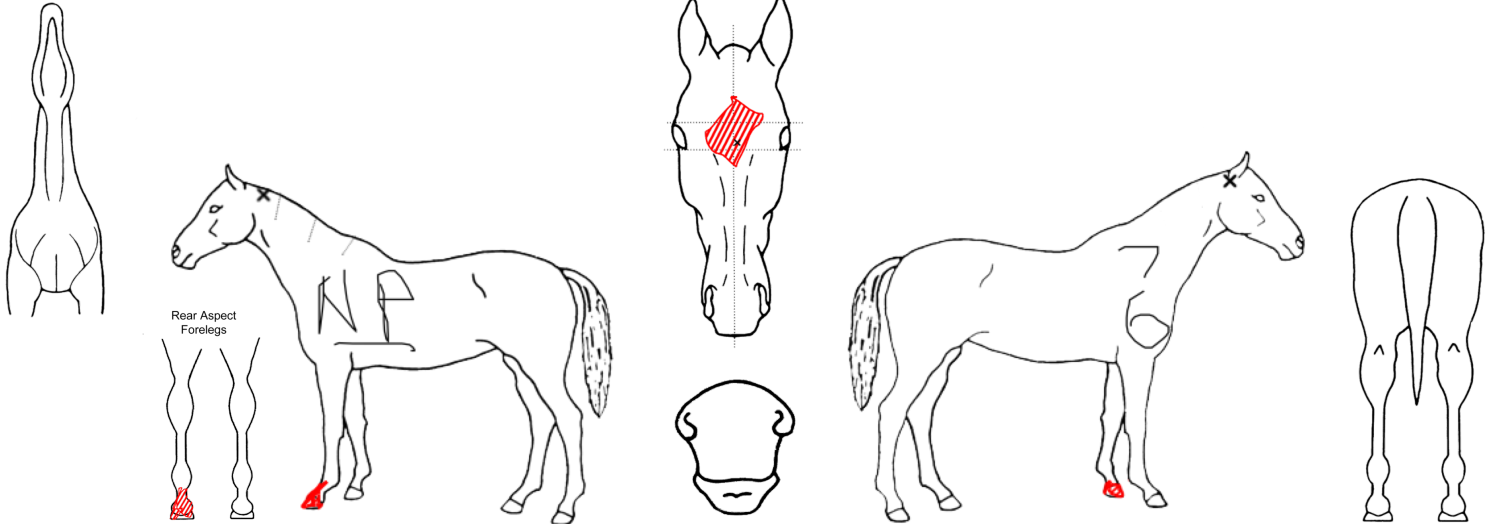


## VETERINARY REPORT ON BROODMARE FOR SALE

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 Equivaccine or any other medication.

Animal presented as: Nothing Compares (NZ)		
(If unnamed) Sire: Jakkalberry (IRE)		Dam: Beyond Comparison (AUS)
Colour: Chestnut	Breed: Thoroughbred	Sex: Filly
Microchip No: 985125000092739		DOB: 22/09/2016
Owner (if known):		
Person requesting examination: M Dale		Place of examination: -35.2332 149.1343



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: 50 x 70mm	Left: 20mm	Normal active
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 50x 50mm	Right: 35mm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual examination	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Manual examination	<input type="checkbox"/>	<input checked="" 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	Normal		

Other relevant clinical abnormalities:

Date: 08-09-2021	
Name: Jack Laing	
Contact Number: 0262381133	
Address: 112b Molonglo Street, Bungendore, NSW, 2621	
AVA No: 5098	
VPB No: NSW V5104	Signed: <small>Signature</small>