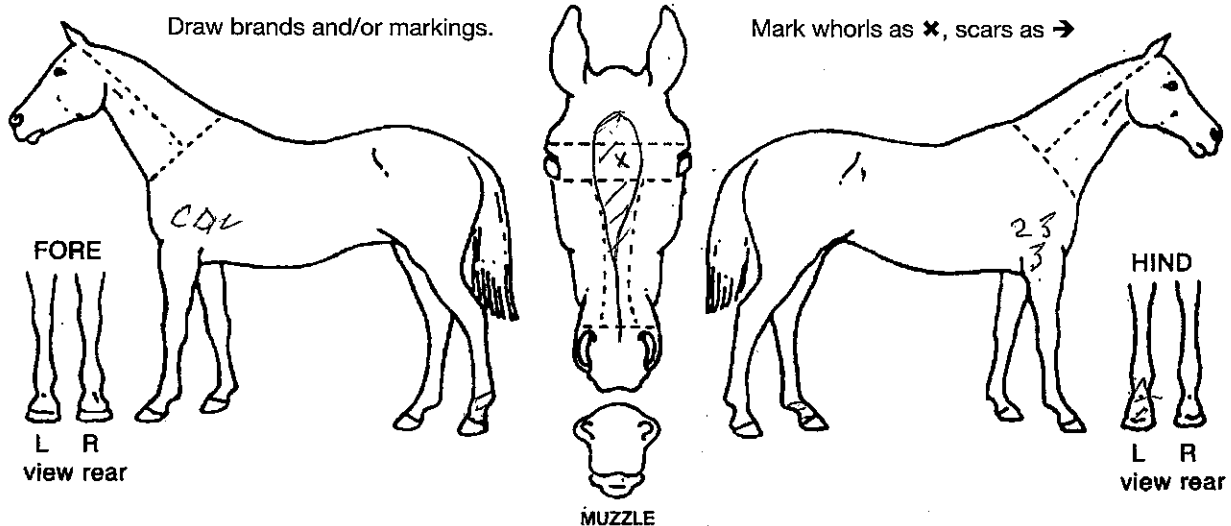


VETERINARY REPORT ON BROODMARE FOR SALE

Animal presented as: BALABINA		Age/DOB:
If (unnamed) Sire:		Dam:
Breed: TR	Colour: BAI	Microchip No: 9851000 120 33811
Owner (if know):		Address:
Person requesting examination: A. McARDINE		Place of examination: EUREKA STUD



This mare was examined (please tick)

Under Sedation	<input type="checkbox"/>
Not Sedated	<input checked="" type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>

This mare was (please tick)

Pregnant	<input checked="" type="checkbox"/>
Not Pregnant	<input type="checkbox"/>

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions	Largest Follicles Diameter	Comments
Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Left		
U/S Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Right		

Uterus	Y	N	Details
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
Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Vagina	Y	N	Details
Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S 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"/>	

Udder	Y	N	Details
Manual 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"/>	

Note: This examination is limited to an assessment of the above specified matter 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 EquiVet® Vaccine or any other medication.

Date: 7/5/25	Signed:
Name (please print): DR Pascoe	PASCOE'S Oakey Veterinary Hospital
Contact Number: 0418790792	
AVA No: 1296	

David R. Pascoe BVSc., PhD., FANZCVS.
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