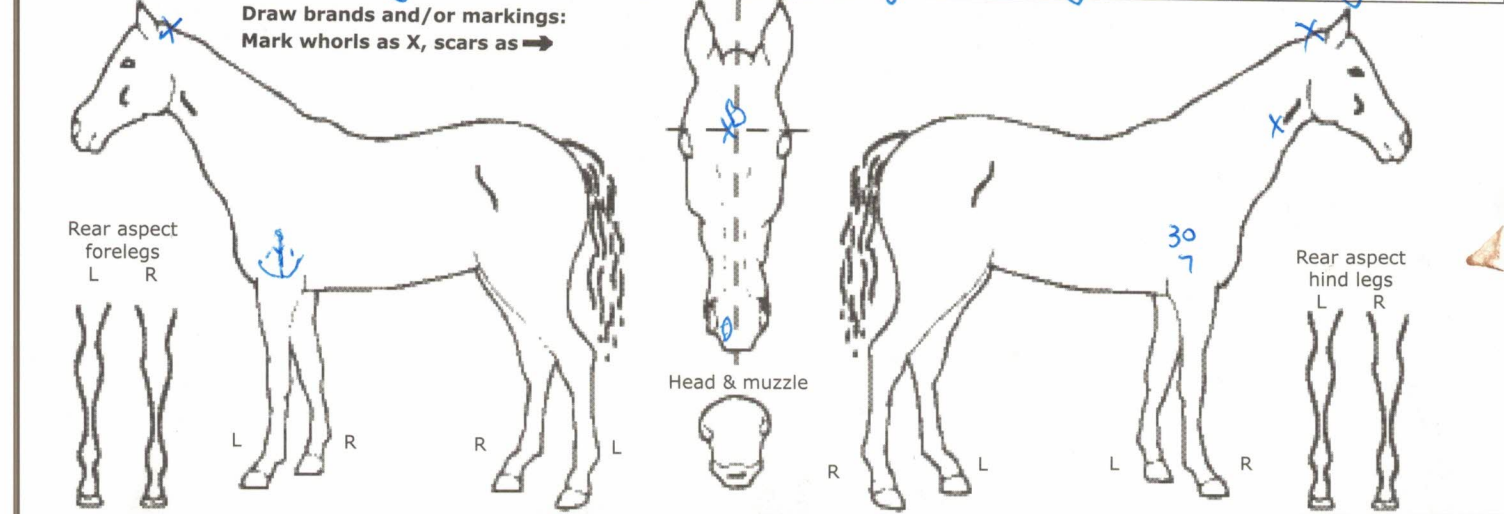


VETERINARY REPORT ON BROODMARE FOR SALE

This examination is limited to an assessment of the reproductive 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: <b>Sovereign Gold</b>		Age/DOB: <b>2017</b>
(If unnamed) Sire:		Dam:
Breed: <b>Thoroughbred</b>	Colour: <b>Bay</b>	Microchip No: <b>985100012125476</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>Joe Murray</b>		Place of examination: <b>Mahyke Racing and Breeding</b>



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination	Y/N	Date
Under Sedation	<input type="checkbox"/>	Pregnant	<input checked="" type="checkbox"/>	<b>20/11/24</b>	Hendra (HeV)	<input type="checkbox"/>	
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input type="checkbox"/>		Tetanus	<b>Y</b>	<b>2/10/24</b>
Other Physical Restraint	<input checked="" type="checkbox"/>				Strangles	<b>Y</b>	<b>2/10/24</b>
					EHV-1,4	<b>Y</b>	<b>15/4/25</b>

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>					
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>					

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
Uterine Cysts?		<input checked="" type="checkbox"/>	
Uterine Fluid?		<input checked="" type="checkbox"/>	
Comments: <b>In foal</b>			

Cervix	NL	Ab	NE
Manual Examination per Vagina			<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina			<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination			<input checked="" type="checkbox"/>
Comments:			

Other comments .....

Date: <b>5/6/25</b>	Signed: <b>K Splatt</b>
Name (please print): <b>Kylie Splatt</b>	Place stamp/write address here:
Contact Number: <b>0412509 609</b>	
AVA No: <b>1744</b>	VPB No: <b>3261</b>

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