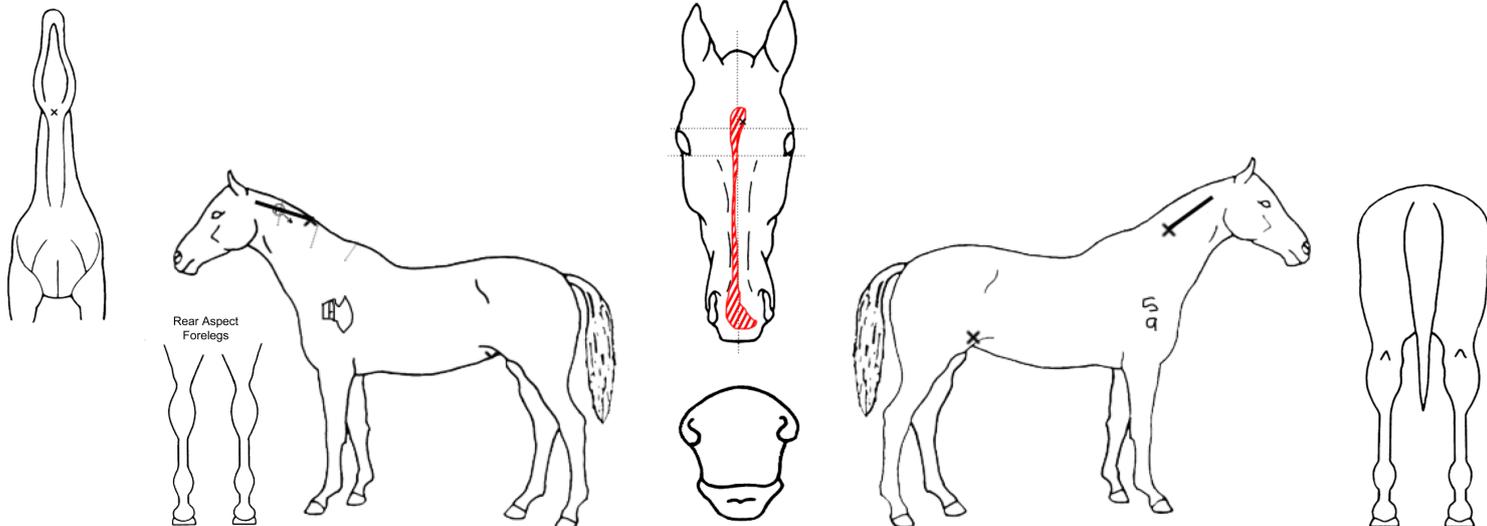


VETERINARY REPORT ON BROODMARE FOR SALE

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 Equivac Vaccine or any other medication.

Animal presented as: Sivka Burka (FR)	
(If unnamed) Sire: Siyouni (FR)	Dam: Dynadin (GB)
Colour:	Breed: Thoroughbred
Microchip No: 250259806301660	Sex: Filly
Owner (if known):	DOB: 20/04/2020
Person requesting examination: Jess stalling	Place of examination: -34.1193 150.5601



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: 5.2 x3.9	Left: 1.6 cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 6.4 x 4.5	Right: 2.7cm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		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 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 checked="" type="checkbox"/>	<input 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"/>		General Clinical Exam			
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Udder Examination			Normal maiden
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Feet Examination			Shod all four
				Eye Examination			Nad

Other relevant clinical abnormalities:

Date: 06-06-2025	
Name: Dr Andrew Argyle	
Contact Number: 46597322	
Address: 170 Russell In Oakdale NSW 2570	
AVA No: 17165	
VPB No: 7512	
Signed: <small>Signature</small>	