



Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 006 522 857

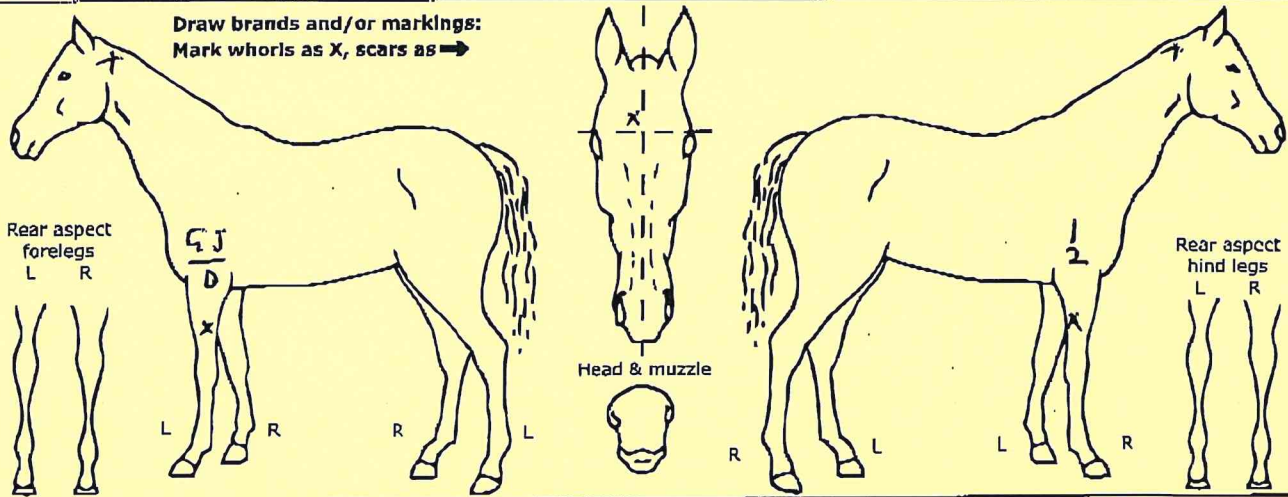


VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVet Vaccine or any other medication.

Animal presented as: TILLAKEA		Age/DOB: 4-9-2002
(If unnamed) Sire: UMATILLA (NZ)		Dam: MAGNAKEA
Breed: T'BRED	Colour: BAY	Microchip No: N/A
Owner (if known):		Address (if known):
Person requesting examination: MR JOHN NORTH		Place of examination: BOWNESS STUD

Draw brands and/or markings:
Mark whorls as X, scars as →



This mare was examined (please tick)

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

The mare was (please tick)

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

Reported last serve date

30-10-2017

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

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum	<input type="checkbox"/>	<input type="checkbox"/>	Left:	Left:	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right:	Right:	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input type="checkbox"/>	<input type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder					
Visual Examination					NORMAL
Manual Examination					

Other comments

Date: 25-1-2018	Signed: <i>[Signature]</i>
Name (please print): P J NOTT	Place stamp/write address here: 07936
Contact Number: 02 69 422033	COOTAMUNDRA VETERINARY CLINIC
AVA No: 639	63 MURRAY ST
VPB No: N 1511	COOTAMUNDRA NSW 2590
	PH: 02 6942 2033



Equine Veterinarians Australia

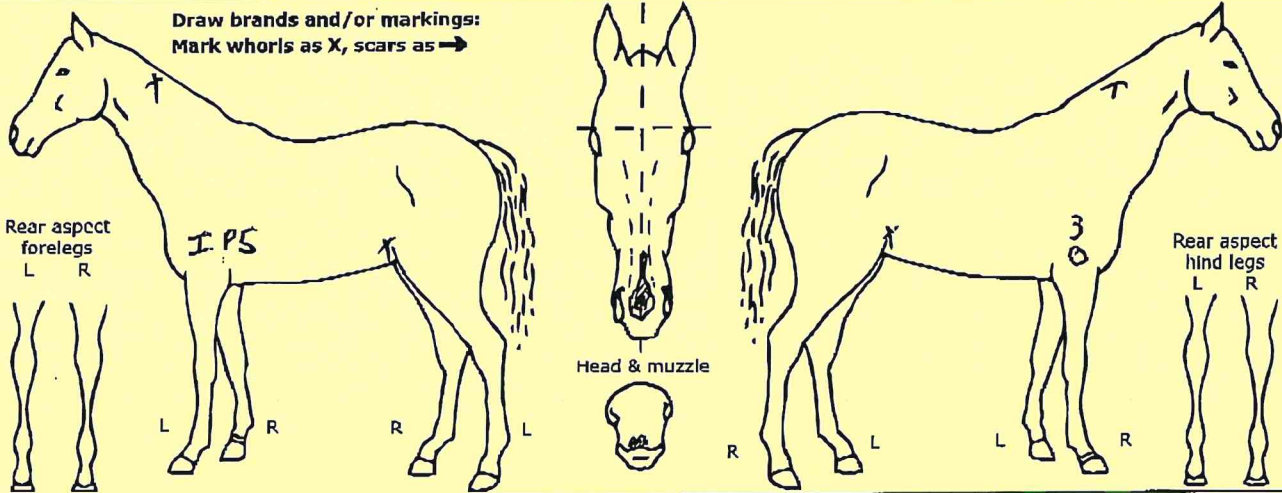
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 052



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 EquiVet[®] Vaccine or any other medication.

Animal presented as: SHE'S ENCHANTING		Age/DOB: 4-10-2000
(If unnamed) Sire: DAUBERVAL (USA)		Dam: ENCHANTING SMILE
Breed: TIPED	Colour: BAY	Microchip No: N/A
Owner (if known):		Address (if known):
Person requesting examination: MR JOHN NORTH		Place of examination: BOWNESS STUD



This mare was examined (please tick)

The mare was (please tick)

Reported last serve date

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

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

30-10-2017

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

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum			Left:	Left:	
U/S Examination			Right:	Right:	
Uterus	Y	N	Details		
Manual Examination per Rectum					
U/S Examination					
Uterine Cysts					
Uterine Fluid					
Comments					
Corvix	Y	N	Details		
Manual Examination per Vagina					
U/S Examination					
Visual Examination per Speculum					
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina					
U/S Examination					
Visual Examination per Speculum					
Comments					
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>				
Comments					
Udder					
Visual Examination	NORMAL				
Manual Examination					

Other comments

Date: 25-1-2018	Signed: <i>[Signature]</i>
Name (please print): P J NORTH	Place stamp/write address here: COOTAMUNDRA VETERINARY CLINIC 07935 63 MURRAY ST COOTAMUNDRA NSW 2590 PH: 02 6942 2033
Contact Number: 02 69422033	
AVA No: 639	VPB No: N1511



Equine Veterinarians Australia

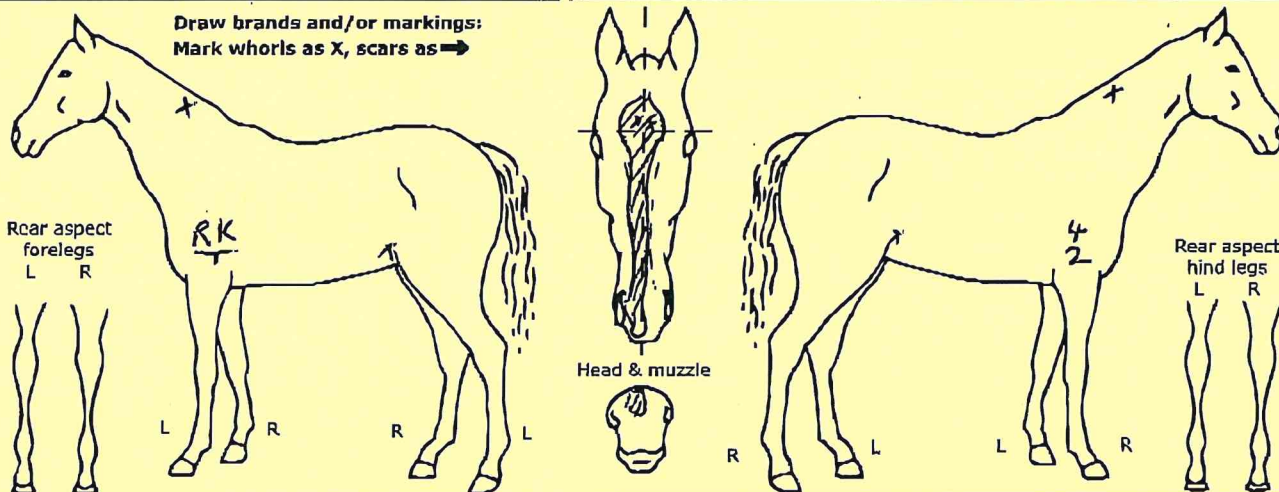
A Special Interest Group of the Australian Veterinary Association (Inc. ABN 63 008 522 852)



VETERINARY REPORT ON BROODMARE FOR SALE

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Animal presented as: SHANGHAI SALLY		Age/DOB: 23-10-2002
(If unnamed) Sire: TESTA ROSSA		Dam: JOY US
Breed: F'BRED	Colour: BROWN	Microchip No: N/A
Owner (if known):		Address (if known):
Person requesting examination: MR JOHN NORTH		Place of examination: BOWNESS STUD



This mare was examined (please tick)

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

The mare was (please tick)

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

Reported last serve date

11-11-2017

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

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum	<input type="checkbox"/>	<input type="checkbox"/>	Left:	Left:	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right:	Right:	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input type="checkbox"/>	<input type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder	Details				
Visual Examination	NORMAL				
Manual Examination					

Other comments

Date: **25-1-2018**

Name (please print): **P J NOTT**

Contact Number: **02 69422033**

AVA No: **639** VPB No: **N1511**

Signed:

Place stamp/write address: **COOTAMUNDRA VETERINARY CLINIC**
63 MURRAY ST
COOTAMUNDRA NSW 2590
PH: 02 6942 2033



Equine Veterinarians Australia

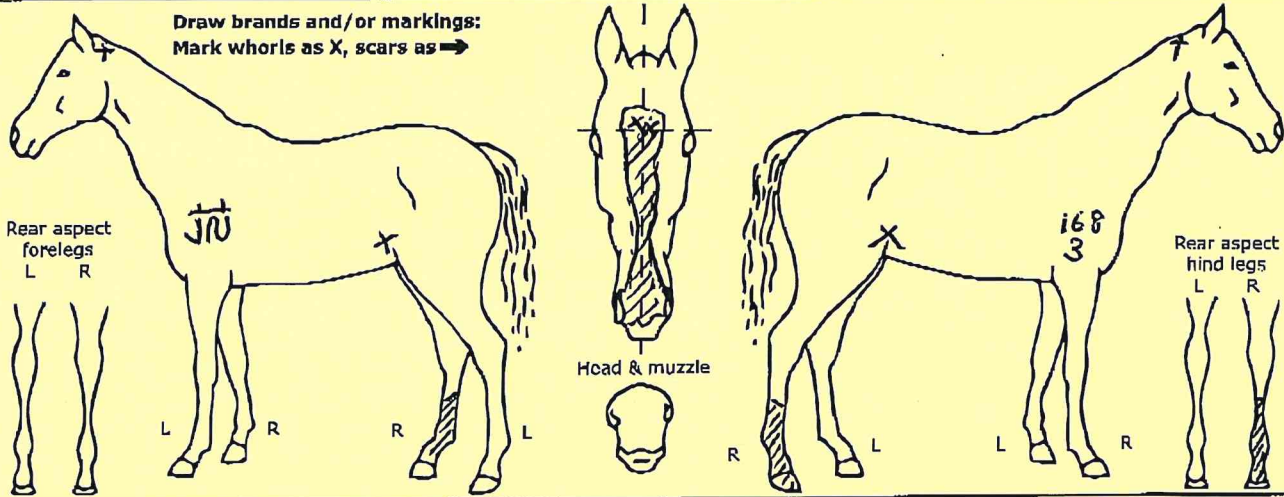
A Special Interest Group of the Australian Veterinary Association Ltd, ABN 63 008 522 857



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: BOSSY BELLE		Age/DOB: 24-8-2013
(If unnamed) Sire: STREET BOSS (USA)		Dam: WHITE COUNTESS
Breed: TIBRED	Colour: CHESTNUT	Microchip No: 985100012031899
Owner (if known):		Address (if known):
Person requesting examination: MR JOHN NORTH		Place of examination: BOWNESS STUD



This mare was examined (please tick)

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

The mare was (please tick)

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

Reported last serve date

12-10-2017

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

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum	<input type="checkbox"/>	<input type="checkbox"/>	Left:	Left:	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right:	Right:	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input type="checkbox"/>	<input type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vulva	Y	N	Details		
Clasicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder	Details				
Visual Examination	NORMAL				
Manual Examination					

Other comments

Date: 25-1-2018	Signed: <i>[Signature]</i>
Name (please print): JOHN NORTH	Place stamp/write address here: COOTAMUNDRA VETERINARY CLINIC 07932
Contact Number: 02 69422033	63 MURRAY ST
AVA No: 639	COOTAMUNDRA NSW 2590
VPB No: N1511	PH: 02 6942 2033



Equine Veterinarians Australia

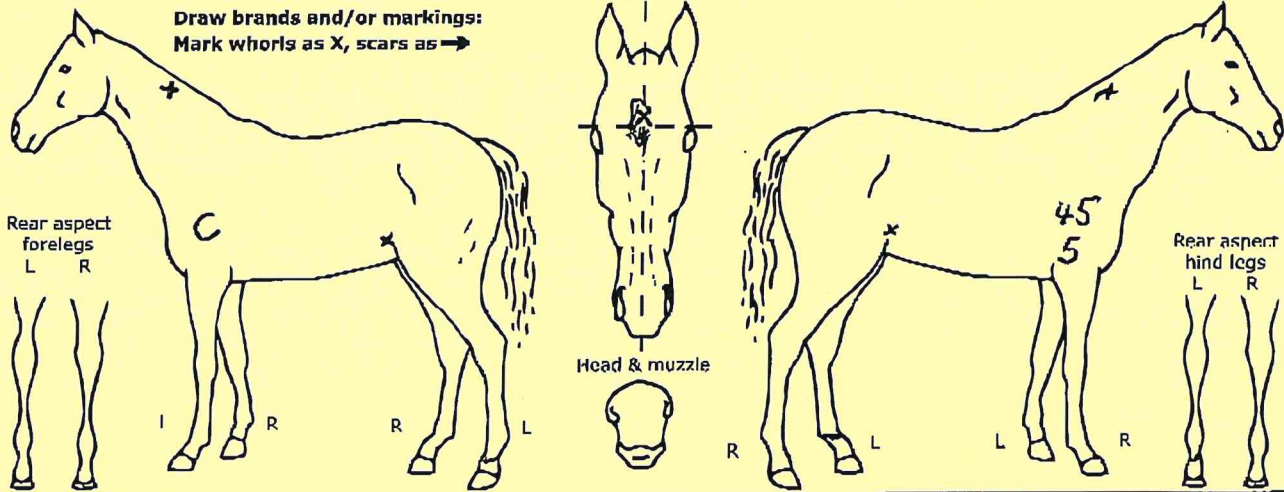
A Special Interest Group of the Australian Veterinary Association Ltd, ABN 63 009 577 857



VETERINARY REPORT ON BROODMARE FOR SALE

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Animal presented as: BABY ROCK		Age/DOB: 4-8-2005
(If unnamed) Sire: ROCK OF GIBRALTAR (IRE)		Dam: LIBERFRAN (GB)
Breed: T'BRED	Colour: BAY/BROWN	Microchip No: 985100010881947
Owner (if known):	Address (if known):	
Person requesting examination: MR JOHN NORTH	Place of examination: BOWNESS STUD	



This mare was examined (please tick)

The mare was (please tick)

Reported last serve date

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

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

6-9-2017

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

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum			Left:	Left:	
U/S Examination			Right:	Right:	
Uterus	Y	N	Details		
Manual Examination per Rectum					
U/S Examination					
Uterine Cysts					
Uterine Fluid					
Comments					
Cervix	Y	N	Details		
Manual Examination per Vagina					
U/S Examination					
Visual Examination per Speculum					
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina					
U/S Examination					
Visual Examination per Speculum					
Comments					
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>				
Comments					
Udder					
Visual Examination					NORMAL
Manual Examination					

Other comments

Date: **25-1-2018**

Name (please print): **P J NOTT**

Contact Number: **02 69 422 033**

AVA No: **639** VPB No: **N1511**

Signed: *[Signature]*

Place stamp/write address here: **07931**
COOTAMUNDRA VETERINARY CLINIC
 63 MURRAY ST
 COOTAMUNDRA NSW 2590
 PH: 02 6942 2033