

## Equine Veterinarians Australia A Special Interest Group of the Australian Veterinary Association Pty Ltd. ABN 63 008 522 852





COCIATION				USTRAC
	DEN HOOVE			
(If unnamed) Sire:		Dam:		
Breed: TB		Colour: CHESTNIT		
Microchip No: 935 1010	45212456		Age/DOB:	
Owner (if known):		Address (if known):		
Person requesting examination:  NAND WICK BLOOD STOCK AGENCY		Place of examination:  TULB NNG, 117 HOUNT VINCENT NOAD NEW		
Praw brands and/or remark whorls as X, sca  Rear aspect forelegs L R L	markings: rs as	Head & muzzle	L R	L R
Date Rectal Examination	TI Ultrasonographic Examin	HE EXAMINATION nation Positive	Negative Was there evi	dence of twins?
1/C / 0 -	i /	1 /	Yes	No No
1/5/20	V	V	Yes	No
			Yes	No
			Yes	No
LAST SER	WICE DATE	7/9/19		
Notes: 1) It is not possible to detect mult 2) To obtain insurance for the pre This is to certify that I perform Date:  1   5   20	gnancy, these tests must	be completed 45 days or on the mare listed about	ove	
		Signed: Ceu Le Corpinadi Form		
Name (please print):  CECULA CONTINA di FAVINA  Contact Number:  O2 49276135  AVA No:  VPB No: N 8533		Place stamp/write address here:  NEWCASTLE EQUINE CENTRE  OLD TOTE BUILDING  BROADMEADOW RACECOURSE  P.O. Box 123, Broadmeadow NSW 229.		

Equine Veterinarians Australia - Certificate of Examination for Pregnancy. Disclosure of history is the responsibility of the owner not the veterinarian © This form may not be reproduced without permission of the Australian Veterinary Association LTD. November 2011.