

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



FOCIATIO	% CI	ERTIFICATE OF EX	AMINATI	ON FOR PI	REGNANCY		SOSTRALIA
Animal prese	ented as: APE	RITIF					
(If unnamed) Sire:						N)	
Breed: TB				BAY			
Microchip No		2057868			Ag	ge/DOB: 19/0	8/205
Owner (if kno	own):	Address (if l	nown):			,	
Person reque	esting examination:	Place of examination:					
F	Draw brands and/or ma Mark whorls as X, scars	as →	Head & muzzl	e R		75 R	
	1 10	I	HE EXAMIN	ATION			
Date	Rectal Examination	Ultrasonographic Examin	nation	Positive	Negative	Was there evider	nce of twins?
08/07/20	~			/		Yes	100
						Yes	No
						Yes	No
			nu i			Yes	No
Comments:							
			×				
			TI				
2) To obtain i	insurance for the pregi	ole pregnancies in all ca nancy, these tests must	be complet			last date of serv	ice.
	ertify that I performe	ed the described tests			ove		
Date: 08/07/20				Signed:			
Name (please print): Nikitu McAdam				Place stamp/write address here: 19132			
Contact Numb	ber:	- 2		*			

0400341313

VPB No:

AVA No: