

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



POCIAT		LRIIICAIL OF LA	- 1-1 I-1	INALION FOR P	REGNANCI		4	STRALL	
Animal pres	sented as: Sal	one					***************************************		
(If unnamed) Sire:				Dam:					
Breed:				Colour: Drows					
Microchip No: 985100017127191				2 Age/DOB: 5 15					
Owner (if known):				Address (if known):					
Person requesting examination: A Mackvell				Place of examination:					
	Draw brands and/or ma Mark whorls as X, scars	rkings:	Head	d & muzzle		144 b	2		
		7	THE	EXAMINATION					
Date	Rectal Examination	Ultrasonographic Exami			Negative	Was there e	vidence	of twins?	
6/6/22	/					Yes		No)	
						Yes		No	
						Yes		No	
						Yes		No	
Comments:									
		·							

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Notes: 1) It is not p 2) To obtain	ossible to detect multip insurance for the pregr	le pregnancies in all ca ancy, these tests must	ses.	completed 45 days or	more from the	e last date of	service		
	ertify that I performe	d the described tests	on		ove				
Date: 6/6/22				Signed:					
Name (please print): M Brown				Place stamp/write address here:				6098	
Contact Number: 02 44488				Equire (ext.					
AVA No: 10.043 VPB No: 18261				- tet-					

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