

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



AUSTRALIAN VETERINARY ASSOCIATION	CERT	IFICATE OF EX	CITANIMA	N FOR PRE	GNANCY	=	VETERINARIANS AUSTRALIA	
Animal presented as:	Pacific	Dragor					AOSTRALIA	
(If unnamed) Sire:		J	Dam:					
Breed:	TB		Colour:	Bay				
Microchip No:	985125	000 105 160	7		Ag	e/DOB:	4.0	
Owner (if known):			Address (if kno	wn):		***************************************	793	
Person requesting exam	ination:		Place of exami	nation		Δ.		
L A N	1ach-ell			8-11	View	Park.		
	s and/or marking s as X, scars as		Head & muzzle		L	R		
Date Rectal Exam	-1		HE EXAMINAT		NAME OF THE OWNER, WHITE OF THE OWNER, WHITE OF THE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER,			
	ination Ultra	sonographic Examir	nation Po	sitive	Negative		idence of twins?	
16/5/24		/				Yes	(No)	
						Yes	No	
						Yes	No	
						Yes	No	
Comments:				l		L		
			¥					
					-			
				· · · · · · · · · · · · · · · · · · ·				
Notes: 1) It is not possible to det 2) To obtain insurance for	tect multiple pre the pregnancy,	egnancies in all cas these tests must	ses. be completed 4	15 days or mo	ore from the la	ist date of se	ervice.	
This is to certify that I	performed the	described tests	on the mare	listed above				
Date: 16/ 2 4</td <td>Signed:</td> <td colspan="5">Signed:</td>			Signed:	Signed:				
Name (please print):				mp/write addr			/17E#	
Contact Number							41754	
Contact Number:				Marai Egnin				
AVA NO: 1 A T T T T T T T T T T T T T T T T T T				cqui				