

Contact Number:

AVA No:

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19043

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



1) It is not possible to detect multiple pregnancies in all cases. 2) To obtain insurance for the pregnancy, these tests must be completed 45 days or more from the last date of service. This is to certify that I performed the described tests on the mare listed above Date: Signed:	CERTIFICATE OF E	EXAMINATION FOR PREGNANCY	STRAUS
Colour: Dam: Bread: The Colour: Dam: Bread: The Colour: Dam:	Animal presented as: Infinity Uni	iten.	
Microchip No: 4351 bto 17 o1 3471 Owner (if known): Person requesting examination: Provided the programment of the programics of all cases. 2) To obtain insurance for the programics, these tests must be completed 45 days or more from the last date of service. This is to certify that I performed the described tests on the mare listed above Date: 2 16 22 Signed: Address (if known): Place of examination:			240-14-20-
Microchip No: 451 bto 17 o 7 1/11 Owner (if known): Person requesting examination: Draw brands and/or markings: Mark whor's as X, scars as → Place of examination: Place of exam	Breed:	Colour: Sa	
Owner (if known): Person requesting examination: Prove brands and/or markings: Mark whorls as X, scars as Rear aspect Proveling: Rear aspect Proveling: Notes: 1) It is not possible to detect multiple pregnancies in all cases. 2) To obtain insurance for the pregnancy, these tests must be completed 45 days or more from the last date of service. This is to certify that I performed the described tests on the mare ilisted above Signed: Place of examination: Positive Negative Was there evidence of twin Positive Negative Was there evidence of twin Positive Negative Was there evidence of twin Positive Negative Negati	Microchip No: 985106017013471		
Date Rectal Examination Ultrasonographic Examination Positive Negative Was there evidence of twin 15 to 15		Address (if known):	-
Date Rectal Examination Ultrasonographic Examination Positive Negative Was there evidence of twin 15 to 15	Person requesting examination:	Place of examination:	
Date Rectal Examination Ultrasonographic Examination Positive Negative Was there evidence of twint 1 1 1 1 1 1 1 1 1 1		Bell View Park.	
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Name (please print): Place stamp/write address here:	16/50	Signea:	
	Name (please print): Name (please print):	i e e e e e e e e e e e e e e e e e e e	1817

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Equine Centre.