

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





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|--|--|--------------------|---|---|-------------------|-----------|
| Animal presented as: BLUE  | MORPHO                                       | )                  |   |   |                   |           |
| (If unnamed) Sire:   |  |                    | Dam:                                    |   |                   |           |
| Breed: TB  | Cold   | Colour: BAY        |   |   |                   |           |
| Microchip No: 9851 000 120 54 115  |  |                    | Age/DOB: 08/c                           |   |                   | 9/2014    |
| Owner (if known): Adam Machrell  |  |                    | (if known): BU                          | P Stud  | 1, Bells          | , lave,   |
| Person requesting examination:  Adam Mackvell                                      |  |                    | Place of examination:  Meroo Meadaw, No |   |                   | J         |
| Rear aspect forelegs L R L   |  | Head & m           | uzzle R                                 |   | R                 | d R       |
|  |  |                    | INATION                                 |   |                   |           |
| Date Rectal Examination  | Ultrasonographic Exam                        | ination            | Positive                                | Negative  | Was there eviden  |           |
| 08/07/20   |  |                    |   |   | Yes               | (No)      |
| , r  |  |                    |   | 9   | Yes               | No        |
|  | 7  |                    |   |   | Yes               | No        |
|  | r  |                    |   |   | Yes               | No        |
| Comments:  |  |                    |   |   |                   |           |
|  |  | <u>8</u>           |   |   |                   |           |
|  |  |                    |   | 2 <u>10 10 10 10 10 10 10 10 10 10 10 10 10 1</u> |                   |           |
| Notes: 1) It is not possible to detect multip 2) To obtain insurance for the pregn | le pregnancies in all cancy, these tests mus | ases.<br>t be comp | leted 45 days or                        | more from the I                                   | ast date of servi | ce.       |
| This is to certify that I performe   | d the described test                         |                    |   | ove   |                   |           |
| Date: 08 07/20   |  |                    | Signed:                                 |   |                   |           |
| Name (please print):  N(K)TA MCADAM  |  |                    | Place stamp/write address here:         |   |                   | 19130     |
| Contact Number: 040034131  |  |                    | *                                       |   |                   |           |
| ,  | 3 No: VIII718                                |                    |   |   |                   |           |