

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





	RITFICATE OF EXA	AMINATION FOR	PREGNANCY		TOSTRALIS
Animal presented as: (0()	ectively				
(If unnamed) Sire:	Dam:		,		
Breed: TB	Colour: (hestant				
	001705 6356			e/DOB:	5
Owner (if known):		Address (if known):			
Person requesting examination:		Place of examination: Bell View Park.			
A Mackrell			Bell V	ion to	ah.
Rear aspect forelegs L R	as →	Head & muzzle		R	
Date Bartol Francisco		HE EXAMINATION			
	Ultrasonographic Examina	ation Positive	Negative	Was there evid	
13/11/20 (45 days) V	/			Yes	(Ng
17/5/71	<i>y</i>			Yes	(19)
			No.	Yes	No
		30	T Y	Yes	No
				163	140
Comments:					
	A				
Notes: 1) It is not possible to detect multipl 2) To obtain insurance for the pregna			or more from the l	ast date of ser	vice.
This is to certify that I performed	the described tests	on the mare listed a	bove	DEFTINATION AND THE PARTY OF TH	
Date: 17/5/21	Signed:				
Name (please print):		Place stamp/write	address here:		20105
M \$10	Illa	Illawarra Equine Centre 30103			
Contact Number: 02 4448	PO Box 47, Gerringong, NSW, 2534.				
AVA N			(02) 4448 64	88	
AVA No: 19043 VPB	No: N8761		Maria de la Companya	<b>第</b> 25 编起处	