

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





* COLORIANO	CERTIFICATE OF EXA	MINATION FO	R PREG	MANCY		TUSTRACIT
Animal presented as:	IVIETTE					
(If unnamed) Sire:	Dam:					
Breed: TB		Colour: BAY/ BNOWN				
Microchip No: 985 101	045229962		ι .	Ag	e/DOB:	
Owner (if known):		Address (if known):				
Person requesting examination		Place of examination: WLBMNG, 117 YOUNT VINCENT NSW				
RANDINICK BLOODS		MUBMIN	9, 117	MOON	INVINCE	NININ
Rear aspect forelegs L R	cars as	ead & muzzle			R	
	# # B	E EXAMINATION			<i>Pa</i>	7. 7
Date Rectal Examination	n Ultrasonographic Examina	ation Positive	Ne	gative	Was there evider	1/-
1/5/20 V	V	V			Yes	No
					Yes	No
					Yes	No
					Yes	No
Comments:			to the second second			
	SERWICE DATE	8/9/19				
Notes: 1) It is not possible to detect m 2) To obtain insurance for the p This is to certify that I perfo	regnancy, these tests must b	oe completed 45 da	d above			
Date: 1/5/20		Signed:	Pulie	Cophi	rach Fer.	n ·
Name (please print): ECULA COMIA Contact Number: 02 4927 AVA No:	Place stamp/write address here: 30850 NEWCASTLE EQUINE CENTRE OLD TOTE BUILDING BROADMEADOW RACECOURSE D.O. Bay 123 Proadmeday NSW 2202					
		P.O. Box 123, Broadmeadow NSW 2292				