

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



OCIA		.,				SALKY,	
Animal presented as:	Bella S'ne	'CCS1					
(If unnamed) Sire:			Dam:				
Breed: 7 B			Colour: Bay				
Microchip No: 9651	00012048297				Age/DOB:	7	
Owner (if known):		Address (if known):					
Person requesting examination: A Macket 11		Place of examination: Bell View Parh.					
Rear aspect forelegs L R	cars as	Head & muz	złe		X 107 4		
Date Rectal Examination		HE EXAM	NATION Positive	Negative	Was there evi	idence of twins?	
16/5/22					Yes	No	
10/3/22					Yes	No	
					Yes	No	
					Yes	No	
Comments:							
Notes: 1) It is not possible to detect m 2) To obtain insurance for the portion in the property of the propert	regnancy, these tests must	be comple on the n	nare listed abo		e last date of se	ervice.	
16/5/22			Signed:				
Name (please print): M Brown		Pla	Place stamp/write address here:			36094	
Contact Number: OZ 4448 6488			Illawara 36094 Eline (ate.				
AVA NO: (9943 VPB NO: N8261			(c	te.			