

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:		L ARIMU.	<u>r</u>			- Admitte		
(If unnamed) Sire:	Dam:							
Breed: TB.	Colour: RAY							
Microchip No:	9851000	10979346			Age	e/DOB:		
Owner (if known):	Address (if known):							
Person requesting ex MAvAGஜ	Place of examination: LIME COUNTRY TOS BURRADOS NIN							
	ands and/or mai		Head & mu	zzle R	36	R		
			THE EXAM		Nagativa	Was there eviden	oce of twins?	
Date Rectal	Examination	Ultrasonographic Exa	mination	Positive	Negative	Yes	No	
21/2/18								
						Yes	No	
						Yes	No	
						Yes	No	
Comments:								
			·. · · · · · · · · · · · · · · · · · ·					
2) To obtain insurar	ce for the preg	ple pregnancies in all nancy, these tests me ed the described te	ust be com			last date of serv	rice.	
Date:				Signed:				
Name (please print)	P	Place stamp/write address here:						
Contact Number:		Retford Equine Vet Clinic Dr K Kooros N5630						
Contact Number: 48611166				DO D 200 D				