

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





COCIATO ®	CERTIFICATE OF	EXAMINATION !	OR PREGNAN	NCY	OSTRAUD.
Animal presented as:	SHECHINA	(H	,		
(If unnamed) Sire:	Dam:			, <u></u>	
Breed: Thou	oughbreet	Colour:	Chestry		
Microchip No: \$85/	000120 29998	- <u>-</u>		Age/DOB: 27	,9.11
Owner (if known):	Address (if known)	:			
Person requesting examin	Place of examination: GLENAYCOW PARK STVS				
101	and/or markings: s X, scars as	Head & muzzle		L R	
		THE EXAMINATION			
Date Rectal Examin	nation Ultrasonographic Exa	mination Positiv	ve Negativ		nce of twins?
000/0/1° V	- V	V		Yes	No
·				Yes	No
				Yes	No
				Yes	No
Comments:					
To obtain insurance for t	ct multiple pregnancies in all he pregnancy, these tests muerformed the described tests	st be completed 45 c		n the last date of serv	ice.
Name (please print):	Place stamp,	Place stamp/write address here:			
Contact Number: 04 AVA No: 7263	HUI	HUNTER RIVER VET SERVICES P.O. Box 15 Morpeth NSW 0438644494			