

Contact Number:

AVA No:

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



| SOCIATION O | CERTIFICATE OF EXA | MINATION | FOR PREGNAN | CT | OSTRALL |
|---|---|--|-----------------------|-----------------------|--|
| Animal presented as: | SANSKA | IT | | | |
| (If unnamed) Sire: | | Dam: | | | |
| Breed: TB | | Colour: | BAY | | |
| Microchip No: | | | / | Age/DOB: | ,70 |
| Owner (if known): | Ad | dress (if known) |): | | |
| Person requesting examination | | ace of examinat | tion: 2054 TON | PARK | |
| Draw brands and/o Mark whorls as X, s Rear aspect forelegs L R L | or markings: scars as | ad & muzzle | | L R | We Company to the second secon |
| Date Rectal Examinatio | | EXAMINATIO | and the second second | e Was there evid | dence of twins? |
| 19/7/18 | | | | Yes | No |
| | | | | Yes | No |
| | | | | Yes | -No |
| | | | | Yes | No |
| Comments: | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| Notes: 1) It is not possible to detect n 2) To obtain insurance for the p | nultiple pregnancies in all case pregnancy, these tests must b | s. e completed 45 | days or more fron | n the last date of se | ervice. |
| This is to certify that I perfo | ormed the described tests of | | sted above | | |
| Date: 1917 18 | } | Signed: | 5-84 | | |
| Name (please print): S. Berusou | | Place stamp Dri Simon J. Robinson BVScV481 3144 VICTORIAN EQUINE GROUP | | | |

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