



Animal presented as: **INNOCENT**

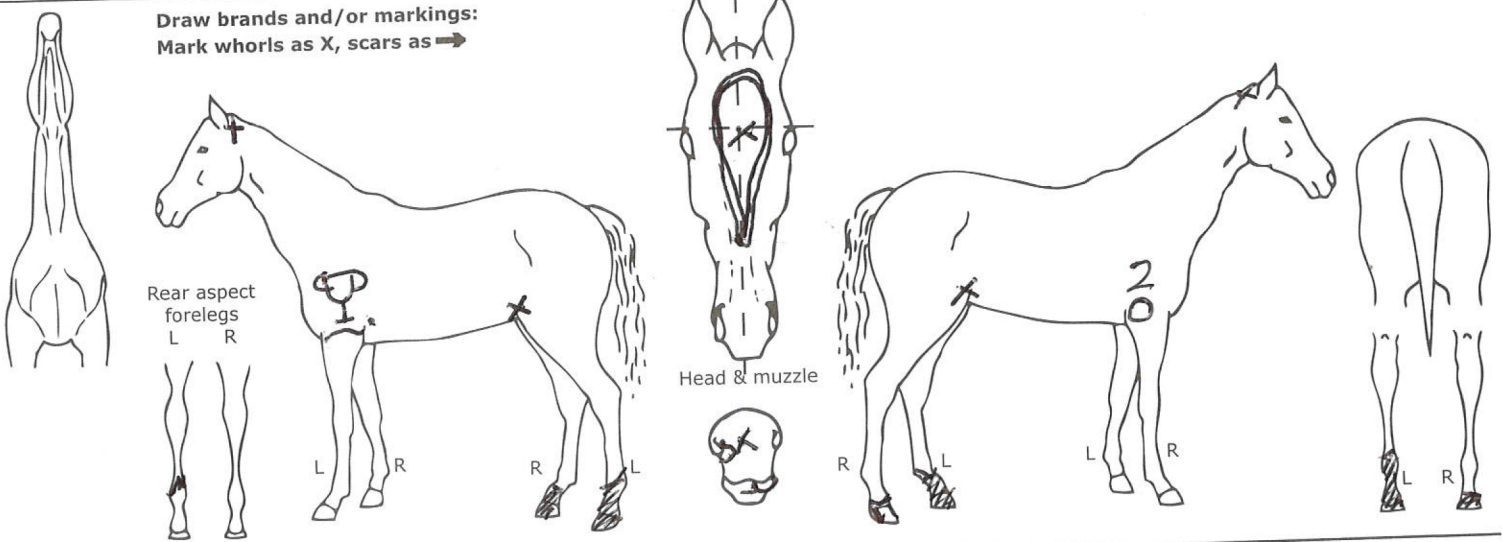
(If unnamed) Sire: **—** Dam: **—**

Breed: **TBD** Colour: **BAY**

Microchip No: **985100010977293** Age/DOB: **8yr**

Owner (if known): **LISA & GLENN MORTON** Address (if known): **50 DOUBLE JUMP RD.**

Person requesting examination: **LISA MORTON** Place of examination: **AS ABOVE**



THE EXAMINATION

Date	Rectal Examination	Ultrasonographic Examination	Was there evidence of twins?	
			Positive	Negative
20/9/18	✓	—	✓	
				Yes No
				Yes No
				Yes No

Could not determine at this stage.

Comments: **Last service date. 24/11/17**

Notes:

- 1) It is not possible to detect multiple pregnancies in all cases.
- 2) To obtain insurance for the pregnancy, these tests must be completed 45 days or more from the last date of service.

This is to certify that I performed the described tests on the mare listed above

Date: **20/9/18** Signed:

Name (please print): **JANINE DWYER** Place stamp/write address here: **All Horses Veterinary Services 28476**

Contact Number: **0457 467737** **608 Beenleigh Redland Bay QLD 4130**

AVA No: **3076** VPB No: **2686**