

Contact Number:

AVA No:

Equine Veterinarians Australia

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| | Separation Secretary Association Pty Ltd. ABN 63 008 522 852 F EXAMINATION FOR PREGNANCY | | | | |
|---|---|--|--|--|--|
| Animal presented as: Fleur D'ovoge | | | | | |
| (If unnamed) Sire: | Dam: | | | | |
| Breed: | Colour: BAU | | | | |
| Microchip No: ORE 1000 1205 | Age/DOB: by | | | | |
| Microchip No: 985 1000 1202 4245 Owner (if known): | Address (if known): | | | | |
| Person requesting examination: J. LAZARVS | Place of examination: SUTION FARM | | | | |
| Draw brands and/or markings: Mark whorls as X, scars as Rear aspect forelegs L R L R R R | Head & muzzle | | | | |
| THE EXAMINATION Rectal Examination Ultrasonographic Examination Positive Negative Was there evidence of twins? | | | | | |
| Date Rectal Examination Ultrasonographic I | Yes (No) | | | | |
| 10/11/18 | | | | | |
| 3/12/12 | Yes (No) | | | | |
| 24/1/19 | Yes (No) | | | | |
| | Yes No | | | | |
| Comments: | | | | | |
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| Votes: | | | | | |
| | must be completed 45 days or more from the last date of service. | | | | |
| his is to certify that I performed the described te: $22/1/19$ | Signed: | | | | |
| me (please print): | Place stamp/write address here: 2730: | | | | |
| ntact Number: | Bridget Roberts Veterinary Services t/a Hunter Equine Centre | | | | |

Dr. Bridget Roberts B.V.M.S., CertEM(StudMed)

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ABN 11 144 868 342

Equine Veterinarians Australia - Certificate of Examination for Pregnancy, Disclosure of history is the responsibility of the owner not the veterinarian of this form may not be reproduced without permission of the Australian Veterinary Association LTD. November 2011.

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