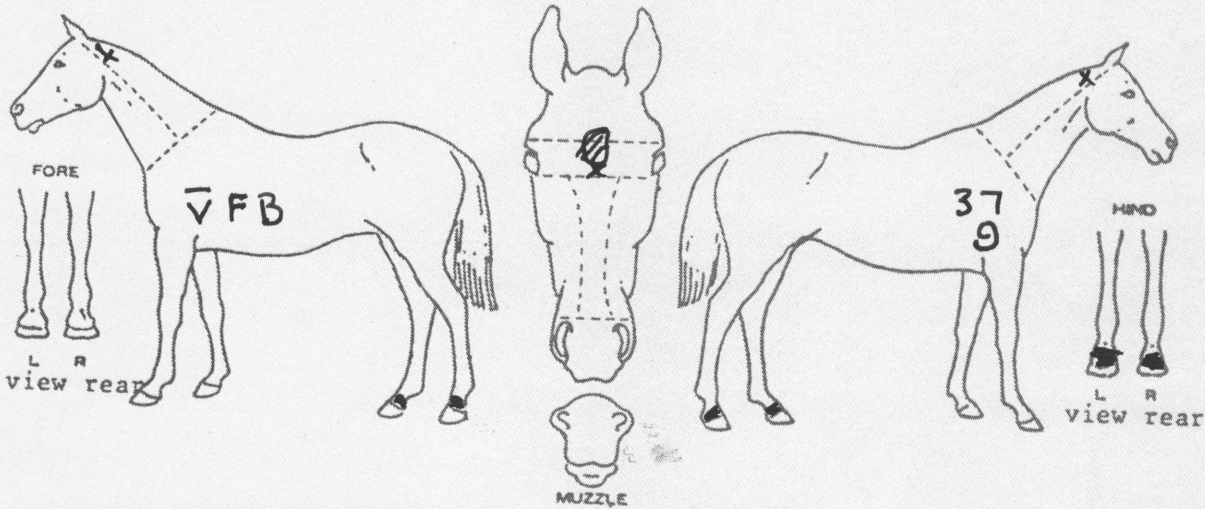


CERTIFICATE OF EXAMINATION FOR PREGNANCY

Owner and Address (if known) BURBUNDOLLA EQUINE
Animal presented as: EL HABEEBA Breed: TIB
If Animal Unnamed: Sire: _____ Dam: _____
Colour: BROWN Microchip No: _____ Age: _____
Person requesting examination: MR. J COX
Place of examination: BURBUNDOLLA MUDGEE

Draw Brands and/or Markings: Mark whorls as O, scars as X



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

	Dates	Result
1. Rectal Examination	<u>24/1/19</u>	<u>POSITIVE</u>
2. Blood/urine test	_____	_____
Type: _____		
3. Ultrasound Scan	_____	_____
4. There was evidence of twins	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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.

Comments: _____

Practice Name: CHURCH STREET VET. HOSPITAL
Address: 138 CHURCH ST. MUDGEE 2850
042 8100671

Signature: _____

Date: 24/1/19

Veterinary Surgeon: D. PARRY-OKEDEN