

Certificate of Pregnancy Examination

Owner and address (if known):

Animal presented as: FOXY NESS Breed: TB

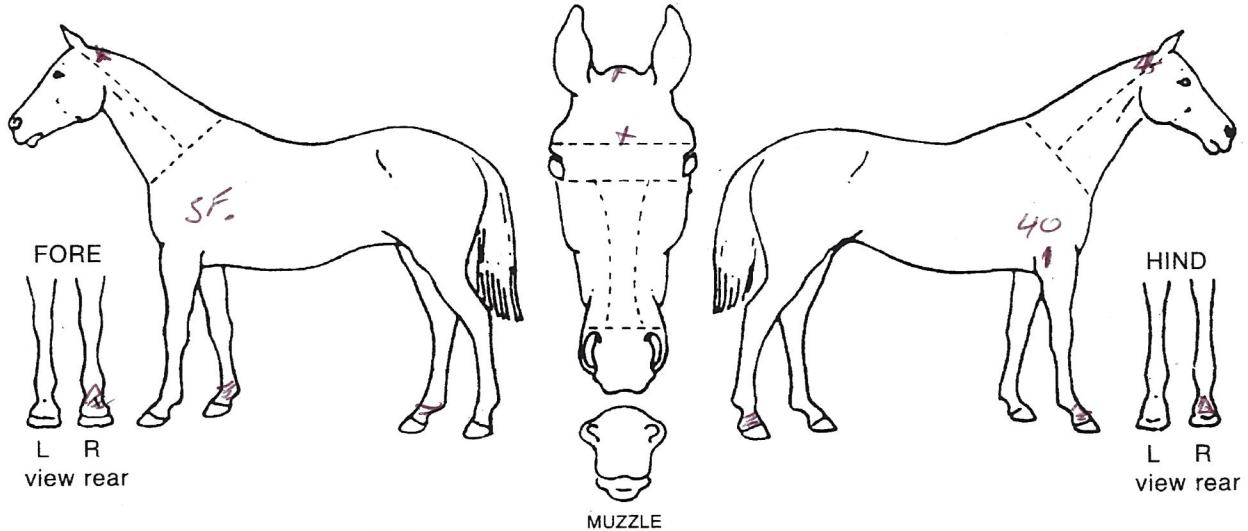
If animal unnamed: Sire: Dam:

Colour: BAY Age: 7 Sex: FEMALE

Person requesting examination: S M^c ASPINE

Place of examination:

Draw brands and/or markings. Mark whorls as **X**, scars as **→** M/C 9851000109 8040 2



**Covering stallion: MARI SARA **Date of last service:

This is to certify that the following examinations were performed on this mare

A: Rectal and Ultrasonic Examination

[1] Date: 25/1/19 Result: Pos / ~~Neg~~ Evidence of twins: ~~Yes~~ / No Days from service

[2] Date: Result: Pos / Neg Evidence of twins: Yes / No Days from service

[3] Date: Result: Pos / Neg Evidence of twins: Yes / No Days from service

B: Are the results consistent with the date of last service noted above? Yes No

C: Does the mare appear to be in good health and body condition? Yes No

D: Rectal examination only Yes Result: Pos / Neg

E: Blood / Urine test (Type) Yes Result: Pos / Neg

NOTES:

- It is not possible to detect multiple pregnancies in all cases.
- To obtain insurance for the pregnancy the last test must be completed 45 days or more from the last date of service.
- **The person requesting the examination has provided these details.

Date: 25/1/19
 Veterinary Surgeon: D R Pascoe
 Degree: BVSc
 Signature: [Signature]

PASCOE'S

OAKEY VETERINARY HOSPITAL

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