

Certificate of Pregnancy Examination

Owner and address (if known):

Animal presented as: KEELA Breed: TB

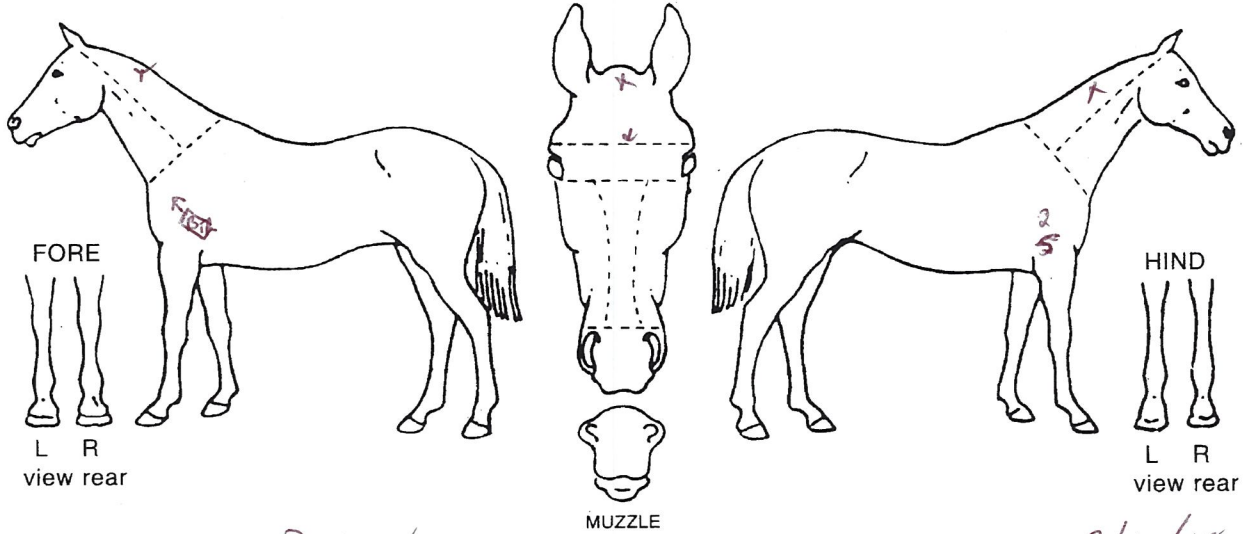
If animal unnamed: Sire: Dam:

Colour: BROWN Age: 3 Sex: FEMALE

Person requesting examination: S MC ALPINE

Place of examination: EURLEVA STUD

Draw brands and/or markings. Mark whorls as X, scars as → M/C 985100012100638



**Covering stallion: DEFCON **Date of last service: 2/11/18

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

A: Rectal and Ultrasonic Examination

[1] Date: <u>19/11/18</u>	Result: Pos / <u>Neg</u>	Evidence of twins: <u>Yes</u> / No	Days from service
[2] Date: <u>3/12/18</u>	Result: Pos / <u>Neg</u>	Evidence of twins: <u>Yes</u> / No	Days from service
[3] Date: <u>21/12/18</u>	Result: Pos / <u>Neg</u>	Evidence of twins: <u>Yes</u> / 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: 25/11/19
 Veterinary Surgeon: DR PASCOE
 Degree: BVSc
 Signature: [Signature]

PASCOE'S

OAKEY VETERINARY HOSPITAL

David R. Pascoe BVSc, PHD, FACVSc
and Associates
 ABN 66 010 387 096
TEL: 07 4692 0400 Fax: 07 4692 0499
 Post: P.O. BOX 2, OAKEY, QLD, 4401