



Animal presented as: Cinquain

(If unnamed) Sire: _____ Dam: _____

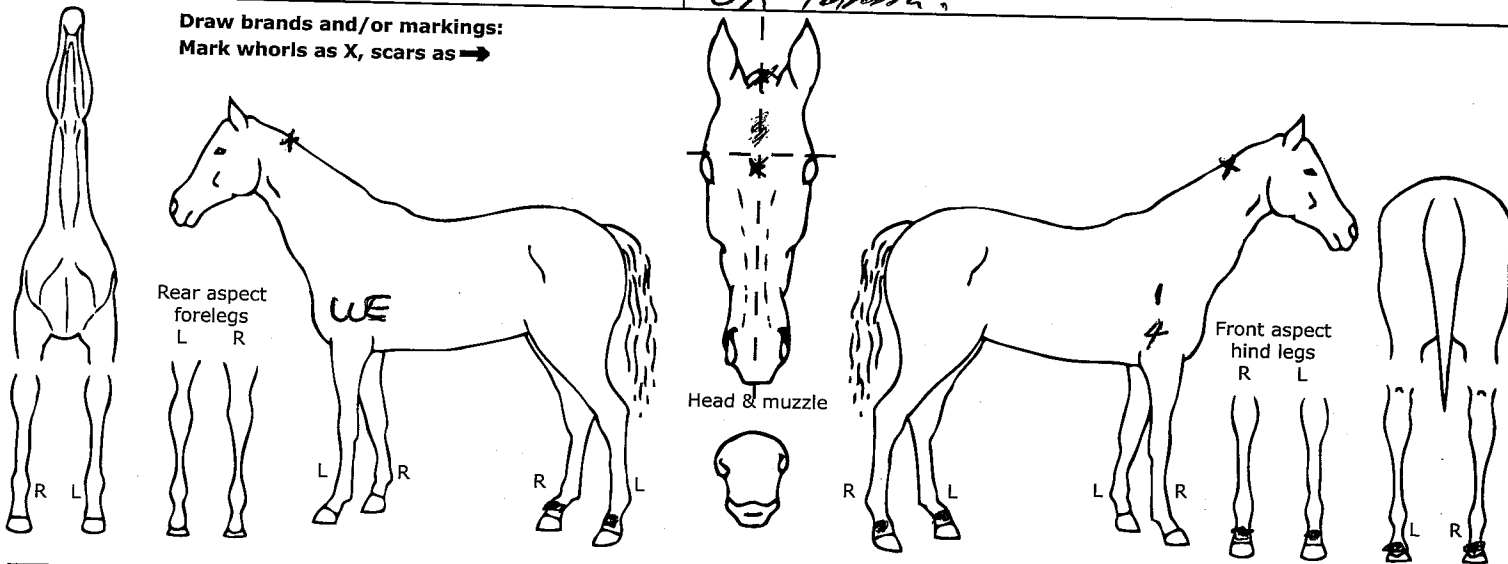
Breed: Thoroughbred Colour: Brown

Microchip No: 985100 012054684 Age/DOB: 2014

Owner (if known): Magnific Stud. Address (if known): Mitchell Highway Wellington

Person requesting examination: _____ Place of examination: On farm.

Draw brands and/or markings:
 Mark whorls as X, scars as →



THE EXAMINATION

Date	Positive	Negative	Rectal Examination / Scan	Was there evidence of twins?	
<u>19/7/19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Rectal examination</u>	Yes	<input checked="" type="checkbox"/> <u>BR</u>
	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No

Comments:

LAST service date 19/11/2019.

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: <u>19/7/2019.</u>	Signed: <u>[Signature]</u> <u>18373</u>
Name (please print): <u>DR HAN STRADON</u>	Place stamp/write address here: <u>Wellington Vet Hospital 11645</u> <u>7086 Mudgee Rd</u> <u>Wellington</u> <u>NSW</u> <u>2820.</u>
Contact Number: <u>043 9515 666</u>	
AVA No: <u>19169</u>	VPB No: <u>18373</u>