

Equine Veterinarians Australia A Special Interest Group of the Australian Veterinary Association Pty Ltd. ABN 63 008 522 852





CERTIFICATE	OF EXAMINATION FOR PREGNANCY
Animal presented as: Inscribe	
(If unnamed) Sire:	Dam:
Breed: TB	Colour: Row
Microchip No:	Age/DOB: 2006
Owner (if known): R. Proctor	Address (if known):
Person requesting examination:	Place of examination: Ellis Ad Tonierbule VIC
Draw brands and/or markings: Mark whorls as X, scars as → Rear aspect forelegs L R L R R	Head & muzzle L R L R
Date Rectal Examination Ultrasonographic	THE EXAMINATION C Examination Positive Negative Was there evidence of twins?
18.7.2019	Yes No
10 - 201	
	Yes No
	Yes No
	Yes No
Comments:	
This is to certify that I performed the described Date: 18-7.2019 Name (please print): Cameron Hinkley Contact Number: Office 11/838	s must be completed 45 days or more from the last date of service. d tests on the mare listed above Signed: Place stamp/write address here: Essential Equine Usennany Dr. Cameron Hinkley B.V.Sc
AVA No: 14639 VPB No: 4/28	PO Box 54 Longwarry 3816 VIC 0400 111 838