

Certificate of Pregnancy Examination

Owner and address (if known):

Animal presented as: COCKTAIL HOUR Breed: TB

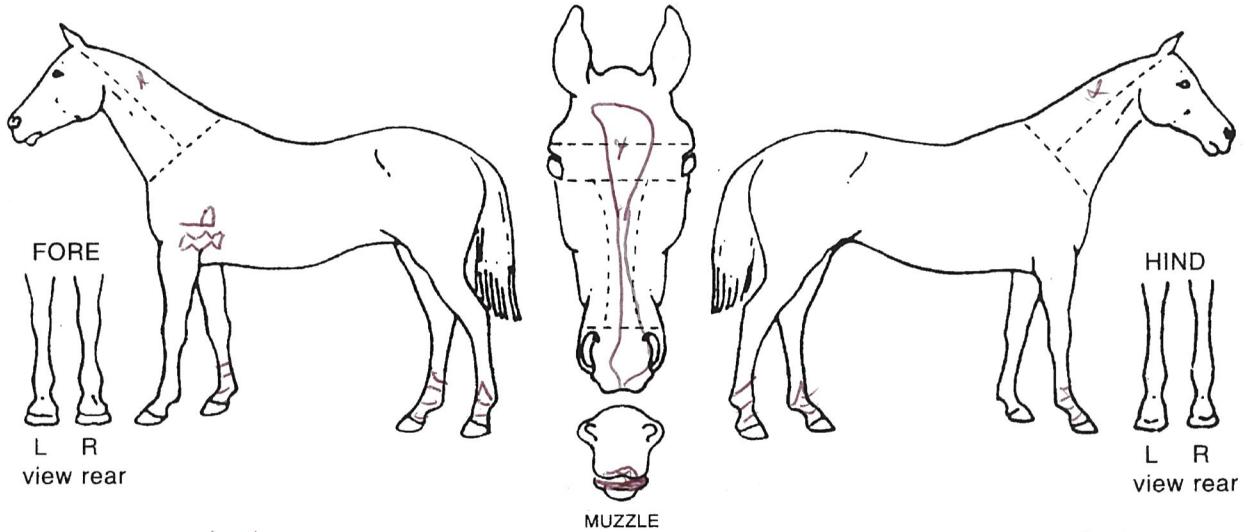
If animal unnamed: Sire: Dam:

Colour: BAY Age: Sex: Female

Person requesting examination: S. McARINE

Place of examination: EUREKA STVD

Draw brands and/or markings. Mark whorls as X, scars as → 985100012020052



**Covering stallion: Kobayashi **Date of last service: 21/10/2018

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

A: Rectal and Ultrasonic Examination

- [1] Date: 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:

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

Date: 24/7/19
 Veterinary Surgeon: DR PASCOE
 Degree: BVSc
 Signature: [Signature]

PASCOE'S

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