

# Certificate of Pregnancy Examination

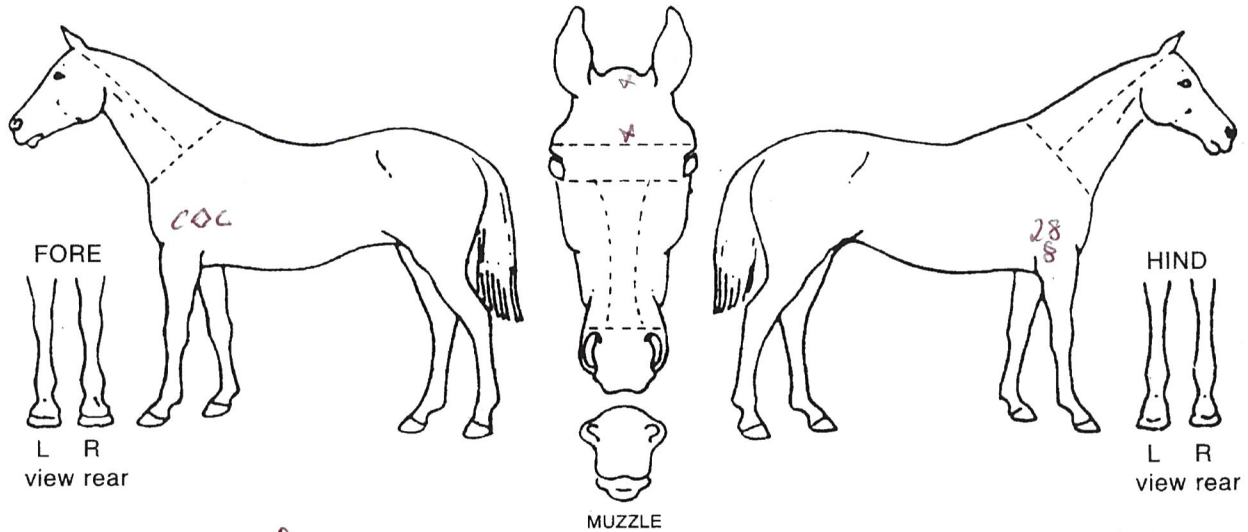
Owner and address (if known): .....

Animal presented as: AUBURN GOLD Breed: TB

If animal unnamed: Sire: ..... Dam: .....

Colour: BAY Age: ..... Sex: FemalePerson requesting examination: S. McALPINEPlace of examination: EUREKA STUB

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

9851000 109 39771\*\*Covering stallion: Defcon \*\*Date of last service: 27/10/2018

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: 24/7/19Veterinary Surgeon: D R PASCOEDegree: BVScSignature: [Signature]

**PASCOE'S**  
**OVH+**  
**Oakey Veterinary Hospital**

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