

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



CERTIFICATE OF EXAMINATION FOR PREGNANCY

Animal pre	sented as: HALL	PASS					
(If unnamed) Sire: Dam:							
Breed: RAY							
Microchip (10: 9851 OC	0109505	500 .			Age/DOB:	
				Address (if known):			
Person requesting examination: C. BAKKEL .			Place of examination: LAURISTON PIZ, CREICHTONS CREEK, VIC.				
	Rear aspect forelegs		Head & mu			72 R	
	-	-	THE EXAM	INATION			
Date	Rectal Examination	Ultrasonographic Exam		Positive	Negative	Was there evide	nce of twins?
5.8.19	V					Yes	No.
						Yes	No
						Yes	No
						Yes	No
Comments:							
2) To obtain i	ossible to detect multiple nsurance for the pregna rtify that I performed	incy, these tests must	be comple			ast date of serv	ice.
This is to certify that I performed the described tests on the mare listed above Date: Signed:							
lame (please print): DR C. DUDDY				e stamp/write a	ddress here:		19945
ontact Number:				Dr Ca	roline P Duddy		w.vv TV
0401364188 VANO: 1331-1 VPB No: V3903				118 Holdsworth Road Benalla VIC 3672 0401 364 188			