



Animal presented as: Leeh

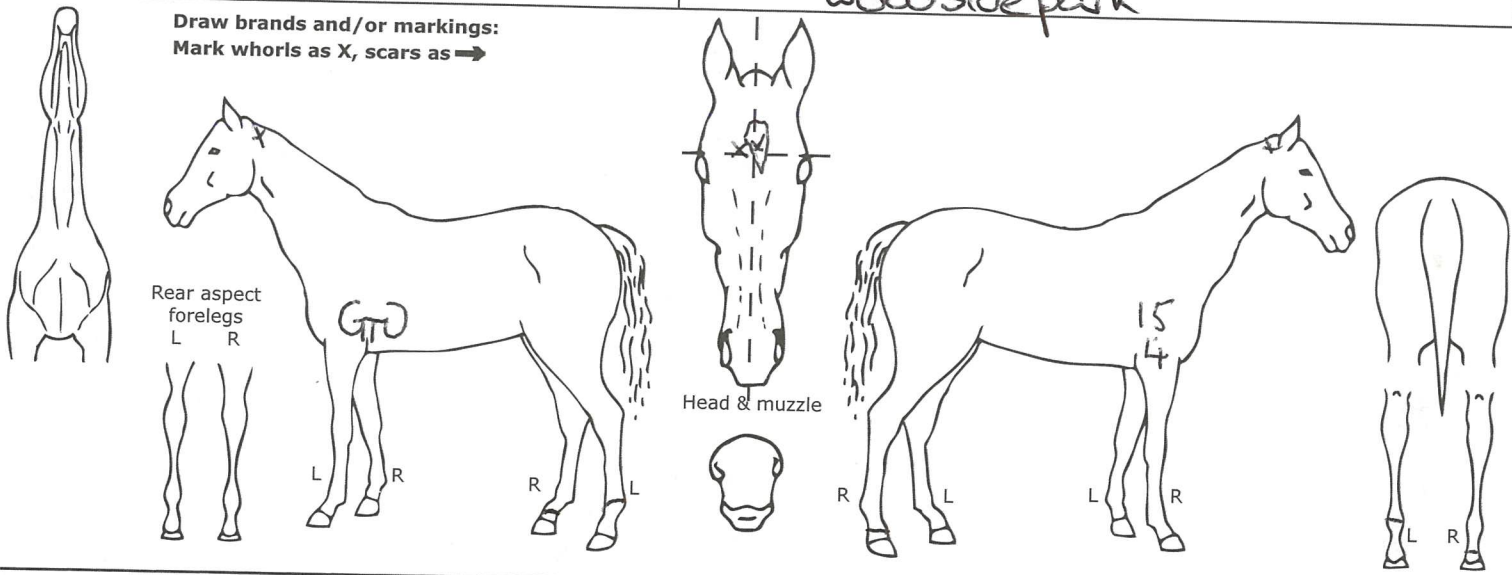
(If unnamed) Sire: _____ Dam: _____

Breed: _____ Colour: Bay

Microchip No: 985100012046105 Age/DOB: _____

Owner (if known): _____ Address (if known): _____

Person requesting examination: B. GUNN Place of examination: WOODSIDE PARK



THE EXAMINATION

Date	Rectal Examination	Ultrasonographic Examination	Positive		Negative		Was there evidence of twins?	
			Positive	Negative	Yes	No		
<u>17/3/19</u>	✓	✓	✓			Yes	<u>No</u>	
						Yes	No	
						Yes	No	
						Yes	No	

Comments: last date of service 12/10/19

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: 17/3/20 Signed: _____

Name (please print): M. Whiteford Place stamp/write address here: **33556**

Contact Number: 5448 5331 **Victorian Equine Group**
 38 Heinz Street White Hills 3550
 Ph (03) 5448 5331
 info@victorianequinegroup.com.au

AVA No: _____ VPB No: _____