

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

CERTIFICATE OF EVANTUATE



| Animal presented as: | EXAMINATION FOR PREGNANCY |
|--|--|
| (If unnamed) Sire: | |
| Breed: | Dam: |
| | Colour: Bay |
| Microchip No: 985100012046105 Owner (if known): | Age/DOB: |
| | Address (if known): |
| Person requesting examination: | Place of examination: |
| Draw brands and/or markings: | wood side park |
| Mark whorls as X, scars as → | |
| | |
| | |
| | |
| | |
| Rear aspect forelegs | |
| forelegs L R | |
| | Head & muzzle |
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| A A A | A A B B B B B B B B B B B B B B B B B B |
| Date : A Rectal Examination Ultraconsum (| THE EXAMINATION |
| Date Rectal Examination Ultrasonographic Examination | nation Positive Negative Was there evidence of twins? |
| (1/5/14) | Yes |
| | Yes No |
| 3 | Yes No |
| | Yes No. |
| Comments: | |
| Comments: Last date at Service | a 12/10/19 |
| | |
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| | |
| Notes: | |
| 1) It is not possible to detect multiple pregnancies in all case 2) To obtain insurance for the pregnancy, these tests must be | pe completed 45 days or more from the last data of |
| This is to certify that I performed the described tests of | on the mare listed above |
| Date: 17/3/20 | Signed: |
| Name (please print): | Place stappp/write address here: |
| Contract Number of | Victorian Equine Group 33556 |
| Contact Number: 5448 5331 | 38 Heinz Street White Hills 3550 |
| AVA No: VPB No: | Ph (03) 5448 5331 |
| Equipe Veterinarias Australia Contra | info@victorianequinegroup.com.au |

Equine Veterinarians Australia - Certificate of Examination for Pregnancy. Disclosure of history is the responsibility of the owner not the veterinarian © This form may not be reproduced winout permission of the Australian Veterinary Association LTD. November 2011.