

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





CERTIFICATE OF	EXAPIRATION FOR FREGUENCE
Animal presented as: AINT SHE SMART	
(If unnamed) Sire:	Dam:
Breed: TR	Colour: 3Am
Microchip No: 985100012028014	Age/DOB: 2013
Owner (if known):	Address (if known):
Circle (ii kilomy)	
Person requesting examination:	Place of examination: BELL BLEK
Draw brands and/or markings: Mark whorls as X, scars as Rear aspect forelegs L R L R L L	Head & muzzle R
	THE EXAMINATION
Date Rectal Examination Ultrasonographic Exa	
4/6/2021	Yes No
(1.7.	Yes No
	Yes No.
	Yes No
	Yes No
Comments:	
	ust be completed 45 days or more from the last date of service.
This is to certify that I performed the described to	
Date: 4/6/21	Signed:
Name (please print):	Place stamp/write address here: 35554
RACHE & HIGGEN>	NEWCASILE EQUINE CENTRE
Contact Number: 02 4927 6135	OLD TOTE BUILDING
OX 4724 6133	BROADMEADOW RACECOURSE P.O. Box 123, Broadmeadow NSW 2292
AVA No: 76493 VPB No: 19637	Ph: (02) 4927 6135 Fax: (02) 4927 6134