	Equine Veterinarians Australia A Special Interest Group of the Australian Veterinary Association Pty Ltd. ABN 63 008 522 852 CERTIFICATE OF EXAMINATION FOR PREGNANCY					
Animal presented as:	Heart of Darknes	55				
(If unnamed) Sire:		Dam:				
Breed: TR	and a second	Colour	· Ban	- · · · · · · · · · · · · · · · · · · ·		
Microchip No: 98	5125000015775	-		Age/DOB:		
Owner (if known):		Address (if	known):			
Person requesting exam	nation: R. Arnel	Place of exa	amination: 'Sf	onehouse		
	and/or markings: as X, scars as M V R R R L	Head & muzz		9 S L		

/ THE EXAMINATION									
Date	Rectal Examination	Ultrasonographic Examination	Positive	Negative	Was there evidenc	e of twins?			
19/5/	22 🗸				Yes	No			
					Yes	No			
					Yes	No			
1					Yes	No			

Comments:

Notes: 1) It is not possible to detect m 2) To obtain insurance for the p		es. De completed 45 days or more from the last date of ser	vice.		
This is to certify that I perfo	rmed the described tests	on the mare listed above			
Date: 19522	4	Signed:			
Name (please print): M.W	hiteford	Place stamp/write address here: Victorian Equine Group	40755		
Contact Number: 5443	5331	38 Heinz Street White Hills 3550 Ph (03) 5448 5331)		
AVA No:	VPB No:	info@victorianequinegroup.com.au			

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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 wihout permission of the Australian Veterinary Association LTD. November 2011.

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