RECOMMENDED CERTIFICATE FORMAT OF THE AUSTRALIAN EQUINE VETERINARY ASSOCIATION

CERTIFICATE OF EXAMINATION FOR PREGNANCY

Owner and Address (if known).....

Animal presented as: PALLADIUM LADY **Breed:** T/B

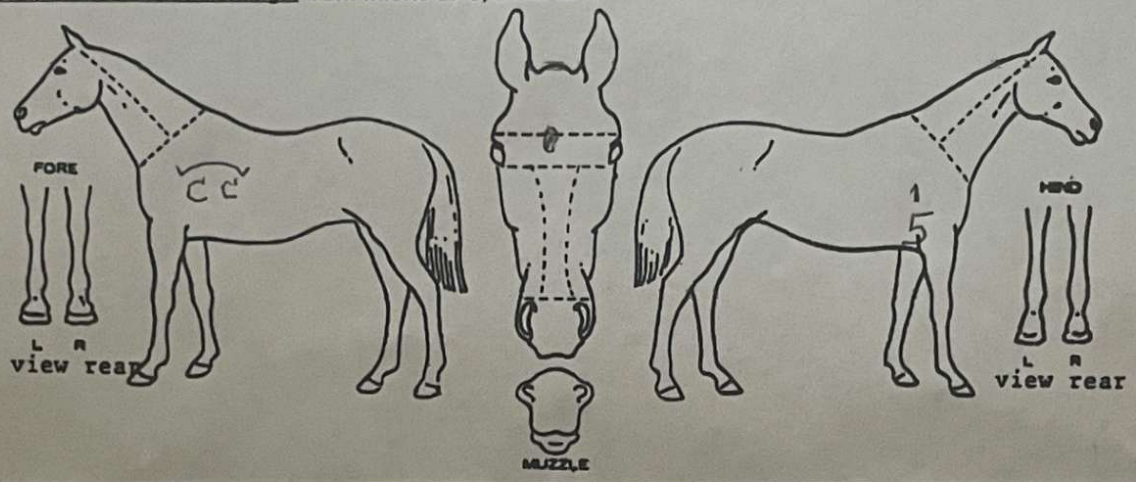
If Animal Unnamed: Sire: ..... **Dam:** .....

Colour: BROWN **Microchip No:** ..... **Age:** .....

Person requesting examination: MR. R. MARSHALL

Place of examination: GOORCE PARK

Draw Brands and/or Markings: Mark whorls as O, scars as X



This is to certify that I performed the following tests on the mare listed above:

	Dates	Result
1. Rectal Examination	17/3/25	POSITIVE
2. Blood/urine test	.....	.....
Type:		
3. Ultrasound Scan	.....	.....
	.....	.....
	.....	.....

4. There was evidence of twins Yes ☐ No ☑

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.

Comments: .....

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Practice Name: CHURCH ST VET HOSPITAL

Address: 138 CHURCH ST HUDGEE

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Signature: .....

Date: 17-3-25

Veterinary Surgeon: D. PARRY-OKEDEN