

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

CERTIFICATE OF EXAMINATION FOR PREGNANCY



imal presented as: 8 La	CK TYPE				
unnamed) Sire:		Dam:	Dam:		
eed: TB		Colour: Blown	Colour: Blown		
crochip No:			Age/DOB:		
vner (if known):		Address (if known):	1.95/500.		
rson requesting examinatio	n:	Place of examination:	LETBROOK EQUINE VET	CLINE	
Draw brands and/Mark whoris as X, Rear aspect forelegs L R	scars as	Head & muzzle	L ((R		
e Rectal Examinatio	n Ultrasonographic Exan	THE EXAMINATION positive	Negative Was there evi	idence of twins?	
4.5.17			Yes	No	
			Yes	No	
			F Jane		
			Yes	No	
			Yes	No	
es: is not possible to detect mo obtain insurance for the p is to certify that I perfo	regnancy, these tests mus	ases. It be completed 45 days or its on the mare listed abo	more from the last date of se	ervice.	
.24.5.17		Signed:	2/		
e (please print):	O' HIGGINS	Place stamp/write ac	ddress here:	25484	
	6545 1522				
No:	VPB No: 9682				