

Certificate of Pregnancy Examination

Owner and address (if known):

Animal presented as: SHE'S A DAZZLER Breed: TB

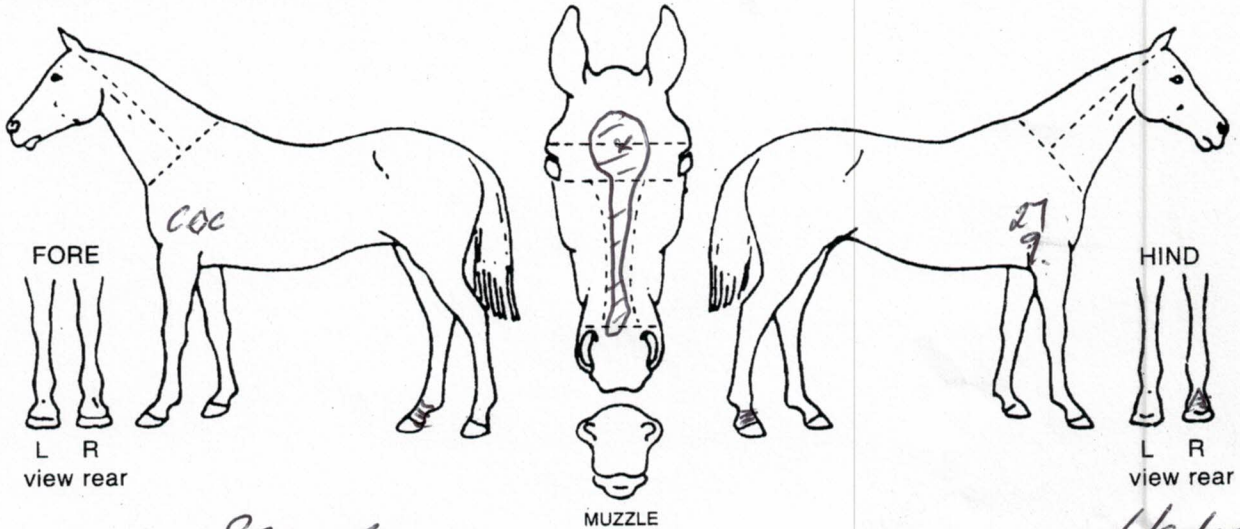
If animal unnamed: Sire: Dam:

Colour: BROWN Age: Sex: Female

Person requesting examination: S M'CAULINE

Place of examination: FOREMAN STUD

Draw brands and/or markings. Mark whorls as **X**, scars as **→**



**Covering stallion: REAL SAGA **Date of last service: 16/9/17 ¹⁴/₂₄

This is to certify that the following examinations were performed on this mare

A: Rectal and Ultrasonic Examination

[1] Date: <u>2/10/17</u>	Result: Pos / Neg	Evidence of twins: Yes / No	Days from service: <u>16</u>
[2] Date: <u>1/11/17</u>	Result: <u>Pos</u> / Neg	Evidence of twins: Yes / No	Days from service: <u>45</u>
[3] Date: <u>24/11/17</u>	Result: <u>Pos</u> / Neg	Evidence of twins: Yes / No	Days from service: <u>69</u>

B: Are the results consistent with the date of last service noted above? Yes No

C: Does the mare appear to be in good health and body condition? Yes No

D: Rectal examination only Yes Result: Pos / Neg

E: Blood / Urine test (Type) Yes Result: Pos / Neg

- NOTES:**
- 1 It is not possible to detect multiple pregnancies in all cases.
 - 2 To obtain insurance for the pregnancy the last test must be completed 45 days or more from the last date of service.
 - 3 **The person requesting the examination has provided these details.

Date: 24/11/17

Veterinary Surgeon: DR. PASCOE

Degree: BVSc

Signature: [Signature]

PASCOE'S

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