

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

## CERTIFICATE OF EXAMINATION FOR PREGNANCY



	7.1						
Animal pres	ented as: Clu	b. Card					
(If unnamed	Dam:	Dam:					
Breed:	Colour:	Colour: Bory					
Microchip No	0: 985125	1000096999		/	Ag	e/DOB: 7	10
Owner (if kn	Address (if known):	dress (if known):					
Person requ	esting examination:	Place of examination	ace of examination: Bell View Park				
	Praw brands and/or mar Mark whorls as X, scars a Rear aspect forelegs L R		Head & muzzle		) 1	R	L R
			HE EXAMINATION	- I			
Date	Rectal Examination	Ultrasonographic Examin	ation Positiv	re/	Negative	Was there evide	
7/6/24	V					Yes	(No)
	-	,				Yes	No
1			-			Yes	No
<b>3</b> 5 II	*				2	Yes	No
Comments:				-	7.2		
			্ব				
	8						
	= 0						
2) To obtain	possible to detect multipl insurance for the pregna	ancy, these tests must	be completed 45 of			ast date of sen	vice.
	ertify that I performed	the described tests		ed abo	oye	>	
Date:	Signed:	Signed:					
Name (pleas		Place stamp/write address here: 41747					
Contact Num		Egn	uine He.				
AVA No:		NO: 0 426		Ce	A-0.		

N8261

19043