

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





CIATIO	ERITFICATE OF E	XAMIN	IAITON FOR F	REGNANCY		PUSTRALIA	
Animal presented as:	sister Sled	lge					
(If unnamed) Sire:			im:				
Breed: TB			lour: br	OWA			
	1000 120585	22	<b>5</b> 5	Age	e/DOB: 5		
Owner (if known):			Address (if known):				
Person requesting examination:  A Mackell		Place of examination: Bell View Park.					
Draw brands and/or ma Mark whorls as X, scars  Rear aspect forelegs L R	rkings:	Head &					
		THE EXA	MINATION				
Date Rectal Examination	Ultrasonographic Exam		Positive	Negative	Was there evid	ence of twins?	
20/10/20 (45 days)					Yes	<b>6</b>	
15/21	/		/		Yes	(No)	
11/3/01					Yes	No	
			)-	No.			
					Yes	No	
Comments:							
1			,				
				100			
	IAI						
						1	
Notes: 1) It is not possible to detect multip 2) To obtain insurance for the pregn	ancy, these tests must	t be com			ast date of ser	vice.	
This is to certify that I performe  Date: /	d the described test		e mare listed ab Signed:	oove			
17/5/21						11	
Name (please print):			Place stamp/write address here: 36106				
Contact Number: 07 4446 6488			PO Box 47, Gerringong, NSW, 2534.				
OZ 4448 6488				(02) 4448 6	488		
AVA No: VPB No:							