

CERTIFICATE OF EXAMINATION FOR PREGNANCY

Animal presented as: Royal Canford

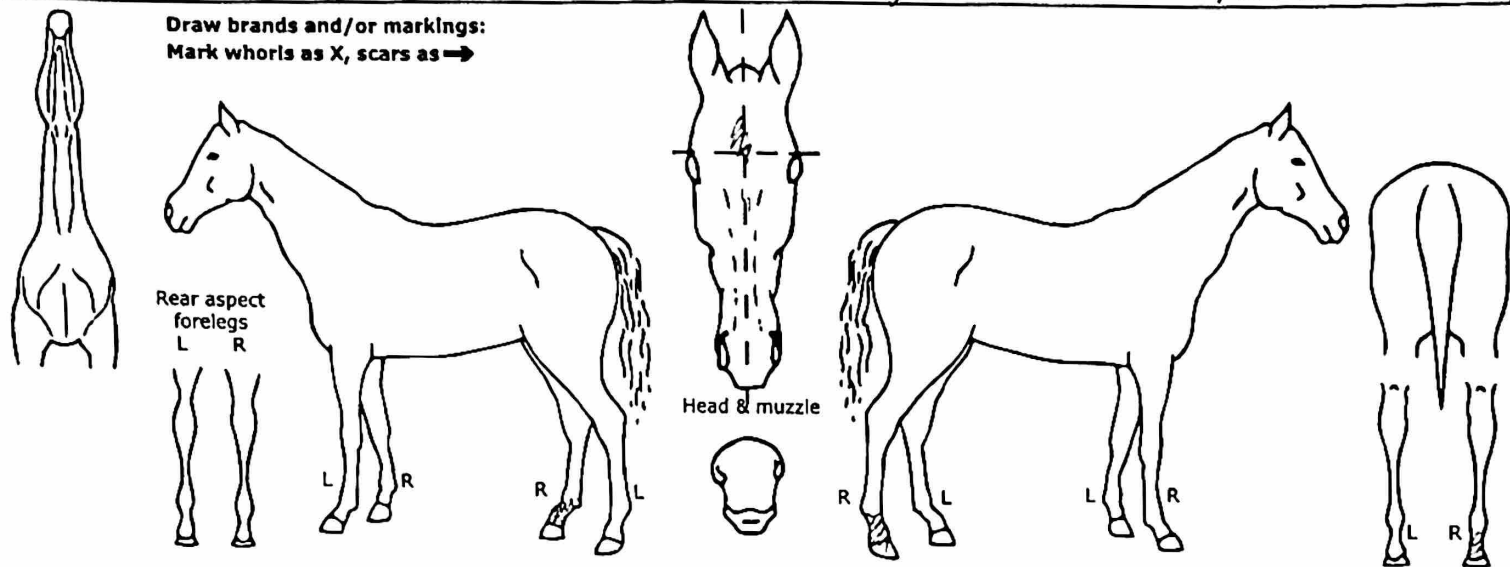
(If unnamed) Sire: _____ Dam: _____

Breed: TB Colour: bay / brown

Microchip No: 985101045283183 Age/DOB: 8yo

Owner (if known): _____ Address (if known): _____

Person requesting examination: A Maxwell Place of examination: Bell View Park.



THE EXAMINATION

Date	Rectal Examination	Ultrasonographic Examination	Positive	Negative	Was there evidence of twins?
3/5/24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments:

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.

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

Date: <u>3/5/24</u>	Signed:
Name (please print): <u>M Brown</u>	Place stamp/write address here: <u>41744</u>
Contact Number: <u>02 44486484</u>	<u>Illawarra</u>
AVA No: <u>19043</u> VPB No: <u>NB261</u>	<u>Equine Center.</u>