Equine Veterinarians Australia

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

CERTIFICATE OF EXAMINATION FOR PREGNANCY

Animal presented as: *Hanukkah*	
(If unnamed) Sire:	Dam:
Breed: *Thoroughbred*	Colour: *Bay*
Microchip No: *985100010887256*	Age/DOB: *2015*
Owner (if known): *Davali Stud.*	Address (if known):
Person requesting examination: *A. Hush*	Place of examination: *Davali Stud, NSW*

Draw brands and/or markings:
Mark whorls as X, scars as ➡

Rear aspect forelegs
L   R

Head & muzzle
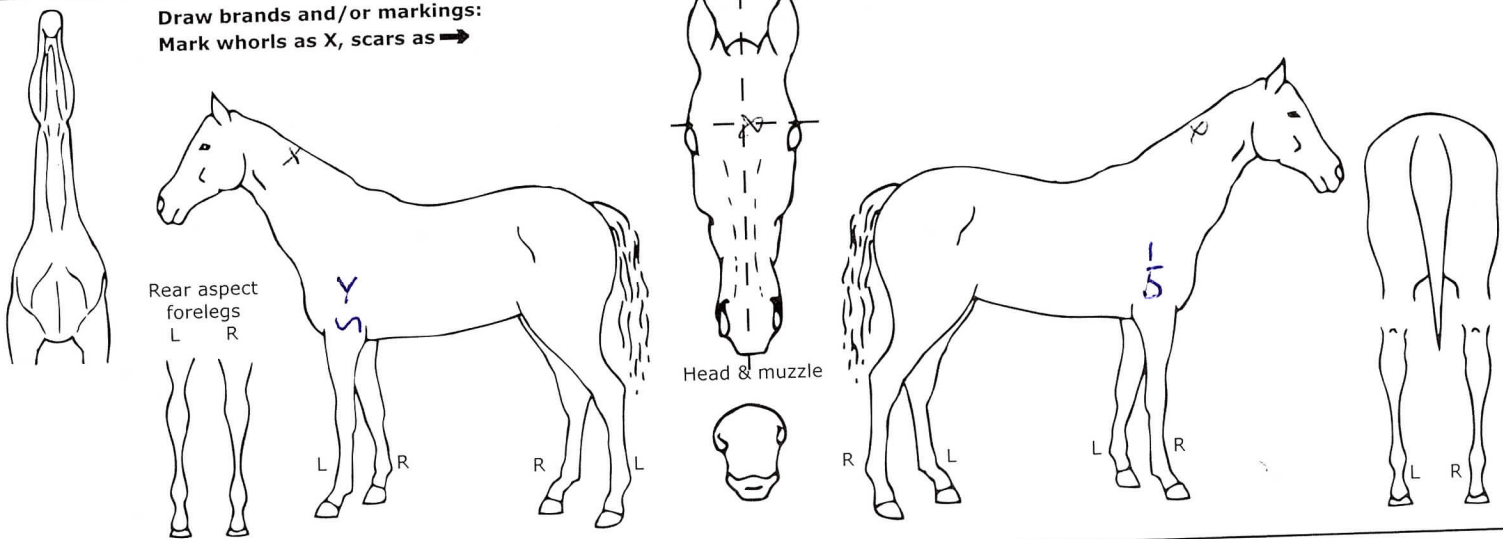
THE EXAMINATION

Date	Rectal Examination	Ultrasonographic Examination	Positive	Negative	Was there evidence of twins?	
30/7/21	✓	✓	✓		Yes	(No)
					Yes	No
					Yes	No
					Yes	No

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: *30/7/2021*	Signed: *M. Baltussen*
Name (please print): *Madalen Baltussen*	Place stamp/write address here: HUNTER EQUINE VET **35608**
Contact Number: *0417 880 517*	106 MACQUARIE ST MEREWETHER NSW 2291
AVA No: *9211*	VPB No: *N9591*	0417880517