



Animal presented as: ABSOLUTE PUZZLE

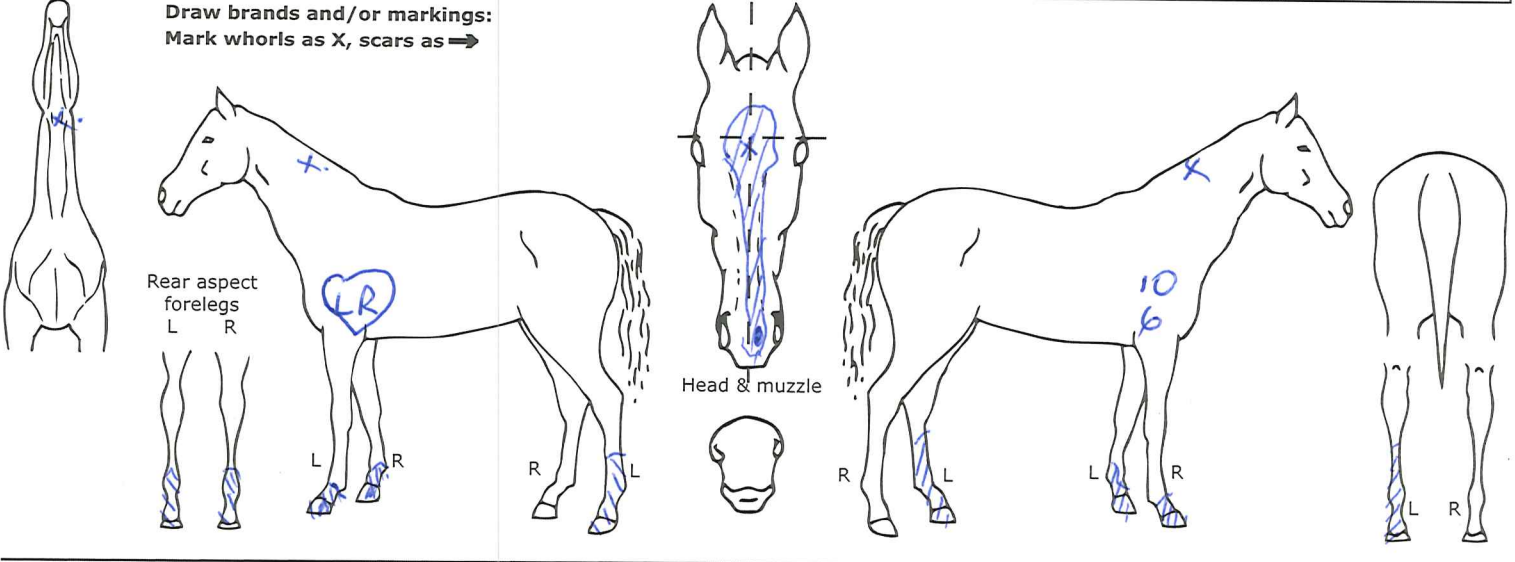
(If unnamed) Sire: _____ Dam: _____

Breed: _____ Colour: CHESTNUT

Microchip No: 98510092113060 Age/DOB: 4 YEARS

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

Person requesting examination: DARREN DANCE Place of examination: MANNINGTREE PARK



Date	THE EXAMINATION		Was there evidence of twins?	
	Rectal Examination	Ultrasonographic Examination	Positive	Negative
<u>29/6/21</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<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>29/6/21</u>	Signed:
Name (please print): <u>K.M. TYLER</u>	Place stamp/write address here:
Contact Number: <u>03 5334 6756</u>	35260
AVA No: <u>5309</u>	BALLARAT VETERINARY PRACTICE EQUINE CLINIC MIDAS ROAD, MINERS REST PHONE 5334 6756 FAX 5334 6800 Email: bvpec@bvp.com.au
VPB No: <u>3547</u>	