



Animal presented as: **AGU BDA**

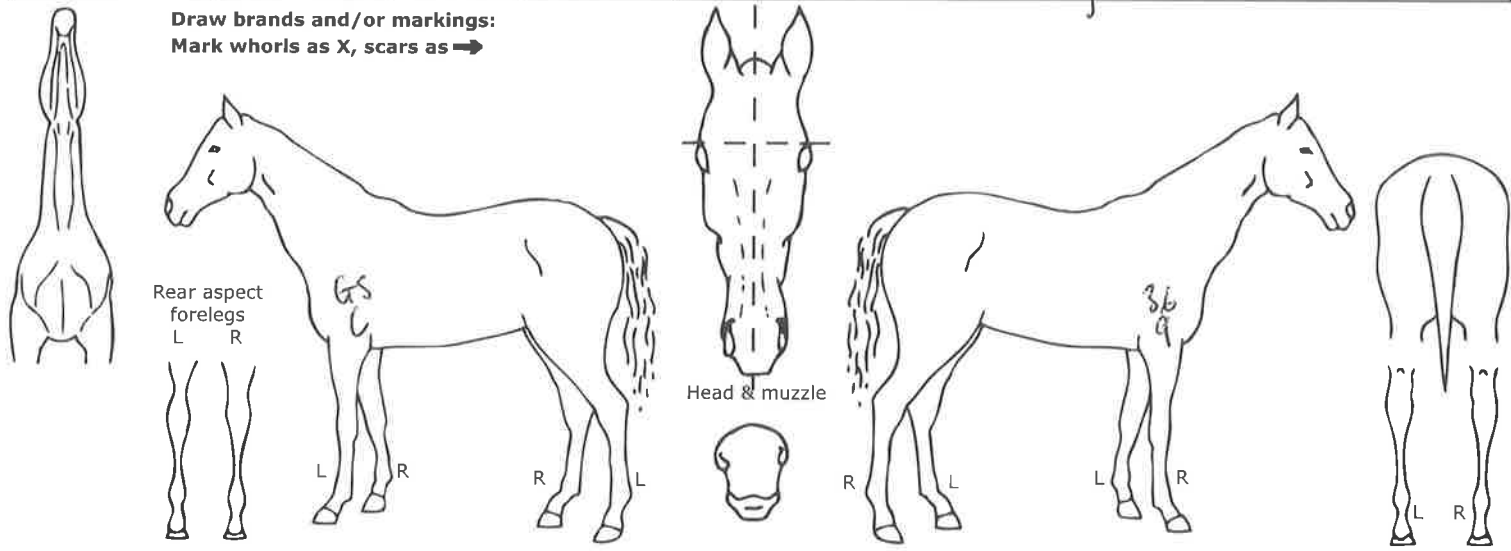
(If unnamed) Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Breed: \_\_\_\_\_ Colour: **CHESTNUT**

Microchip No: **985 1000 109 700 53** Age/DOB: \_\_\_\_\_

Owner (if known): \_\_\_\_\_ Address (if known): \_\_\_\_\_

Person requesting examination: **Rachel Sahr** Place of examination: **Newgate**



**THE EXAMINATION**

Date	Rectal Examination	Ultrasonographic Examination	Positive	Negative	Was there evidence of twins?	
<b>3/5/21</b>	/	/	/		Yes	<b>No</b>
					Yes	No
					Yes	No
					Yes	No

Comments:

**CASLICK.**  
**15.3hh**

- 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: **3/5/21** Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Place stamp/write address here: **36510**

Contact Number: \_\_\_\_\_

AVA No: \_\_\_\_\_ VPB No: **11657**

