



Animal presented as: **BDATNIKS**

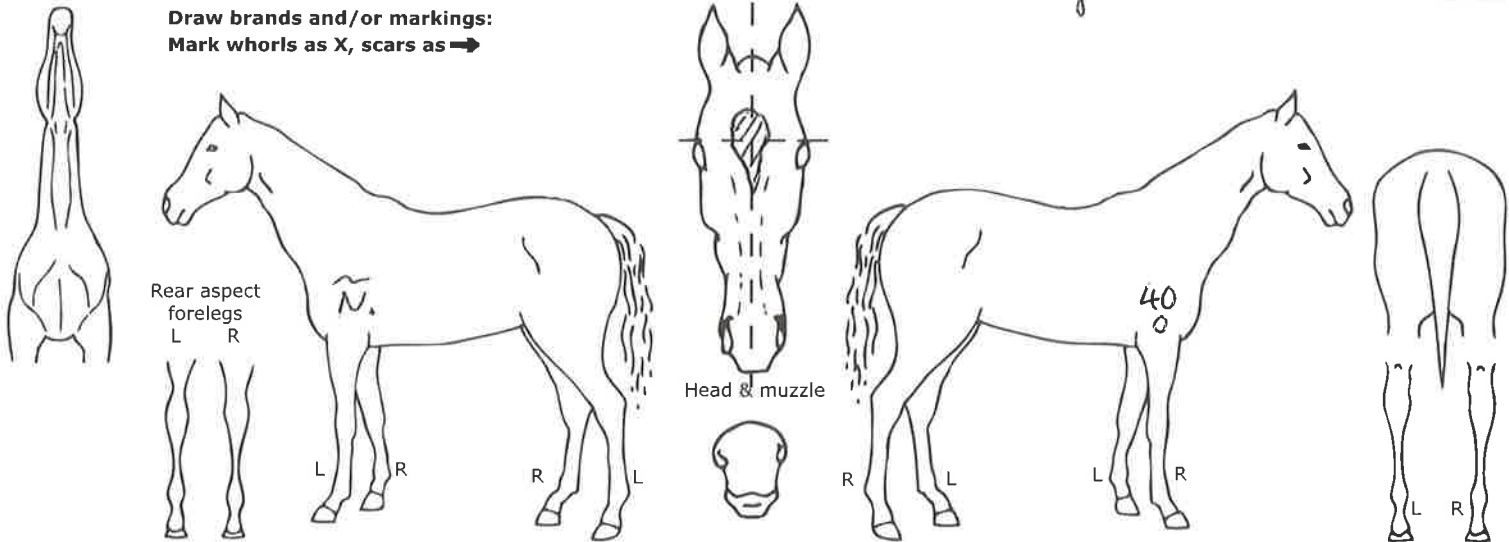
(If unnamed) Sire: _____ Dam: _____

Breed: _____ Colour: **CHESTNUT**

Microchip No: **985 100010964559** Age/DOB: _____

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

Person requesting examination: **Rachl Sobir** Place of examination: **Nungate**



THE EXAMINATION

Date	Rectal Examination	Ultrasonographic Examination	Positive	Negative	Was there evidence of twins?	
3/5/21	/	/	/		Yes	<input checked="" type="radio"/> No
					Yes	No
					Yes	No
					Yes	No

Comments:

16 wh

NOT CASLICK

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: _____

Contact Number: _____

AVA No: _____ VPB No: **11657**



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