



# Logan Livestock Insurance Agency Pty Ltd

ABN 81 001 826 204

www.logans.com.au

AFS Licence No. 238959

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## VETERINARY CERTIFICATE ON PREGNANT MARE

Owner: \_\_\_\_\_

Mare Details: Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Sire: \_\_\_\_\_ Dam: \_\_\_\_\_  
 Brands/ Markings: \_\_\_\_\_  
 Covering Stallion: \_\_\_\_\_ Last Service Date:     /     /  
 Location: \_\_\_\_\_

This is to certify that on ...../...../..... I examined the mare described above for insurance purposes. At the time of my examination, to the best of my knowledge and belief, except as noted below, the mare -:

- is clinically normal and in satisfactory condition;
- has no history of disease or injury likely to cause the need for treatment in the future;
- is pregnant on manual palpation and ultrasound scan with no evidence of twins; and
- does not possess any abnormality or peculiarity that is likely to prevent her from remaining pregnant and giving birth to a live foal at term.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The following pregnancy examinations have been performed this breeding season, **within 50 days of the last service date-**:

<u>Examination</u>	<u>Date</u>	<u>Found Pregnant?</u>		<u>Twins Detected?</u>		<u>Foetal Heart Beat Found?</u>			
Manual & Scan*	___/___/___	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Manual & Scan*	___/___/___	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Manual & Scan*	___/___/___	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

\* Delete if not performed

† If twins were detected, please confirm that one conceptus was destroyed:-  Yes, on ...../...../..... (date).

The following pregnancy examinations have been performed this breeding season, **more than 50 after the last service date-**:

<u>Examination</u>	<u>Date</u>	<u>Found Pregnant?</u>		<u>Foetal Movement Felt?</u>	
Manual	___/___/___	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Manual	___/___/___	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Veterinary Surgeon (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_