

## CERTIFICATE OF REPRODUCTIVE EXAMINATION

*(To be completed by veterinarian no more than 10 days prior to date of sale)*

NAME OF MARE: \_\_\_\_\_ HIP NO.: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_

LOCATION AT TIME OF EXAMINATION: \_\_\_\_\_

OWNER/AGENT: \_\_\_\_\_

SALE: **CTHS BC Yearling & Mixed Sale**

SALE DATE: **August 30, 2023**

I have this day examined the mare listed above and I have followed the customary standard veterinary clinical procedures in performing this examination. Based on information supplied to me by the owner or authorized agent or by my actual knowledge, it is my opinion:

\_\_\_\_\_ 1. THAT SAID MARE IS PREGNANT

\_\_\_\_\_ 2. THAT SAID MARE IS NOT PREGNANT  
*(If not pregnant, also check applicable)*

\_\_\_\_\_ a. That the said mare has never been mated.

\_\_\_\_\_ b. That said mare was not mated for the breeding season of \_\_\_\_\_.

\_\_\_\_\_ c. That said mare was mated but is not pregnant.

\_\_\_\_\_ d. That said mare has aborted.

\_\_\_\_\_ e. That said mare has aborted twins.

\_\_\_\_\_ 3. THAT SAID MARE IS SUITABLE FOR MATING.

\_\_\_\_\_ 4. THAT SAID MARE IS NOT SUITABLE FOR MATING.  
*(If not suitable for mating, please provide the reason(s):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of examining veterinarian: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Province

Postal Code

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_