

CERTIFICATE

Mare:

Name: _____

UELN: _____

Owner:

Name, First name: _____

Address: _____

The above mentioned mare has been examined for a pregnancy veterinary on

_____ with the following result:

- ☐ The mare is PREGNANT
- ☐ The mare is **NOT** PREGNANT

Additional remarks: _____

Signature examined veterinarian

Stamp veterinarian

Please send to apautze@holsteiner-verband.de – or FAX +49 (0) 4121 93629