

# VET Equine Studies

Student number

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | A |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | E |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | F |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | G |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | J |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | L |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | R |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | T |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | W |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | X |

Student name

SAMPLE

If your name and number are correct sign below. If they are incorrect tell the supervisor.

Signature



Use a pencil for all entries

All answers must be completed like this example:



- If you make a mistake, **erase** the incorrect answer – **do not** cross it out.
- Marks will **not** be deducted for incorrect answers.
- No mark will be given if more than one answer is completed for any question.

For each question, **shade** the box that indicates your answer.

**Supervisor only**

Shade the **box** below if the student was absent from the examination.

Absent

Supervisor's initials

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OFFICE USE ONLY

|   |                            |                            |                            |                            |    |                            |                            |                            |                            |    |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----|----------------------------|----------------------------|----------------------------|----------------------------|----|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 8  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 15 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |
| 2 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 9  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 16 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |
| 3 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 10 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 17 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |
| 4 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 11 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 18 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |
| 5 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 12 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 19 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |
| 6 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 13 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 20 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |
| 7 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | 14 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |    |                            |                            |                            |                            |