

The undersigned, veterinarian at October, declares to have examined the foal described below and has filled in this form to the best of his/her knowledge. date of birth: O stallion mare gender: colour: breeding: owner: address: 1. How are: **Nutritional state:** good O normal O poor **©**'good O poor General impression: O normal O poor Skin: XX good O normal Remarks: 2. Are there any abnormalities on: O yes no 🎾 eyes teeth O yes Ø no O overbite mm O yes on 🍯 nose nasal discharge O yes remarks. 🛛 yes 3. Breathing normally? If not, what abormalities are there? o no Any signes of spontanious coughing? O yes Remarks: 4. are there any signs of pour or abnormal digestion? 7 no O yes Remarks: **M** normal 5. How are heartrate and pulse in rest and after trot? O abnormal Remarks: 6. What defects are there on legs and hooves, such as abnormal hoof shape, thickening of tendons or bones or overfilling of any O defects joint? no defects Remarks: 7. Any defects on outer genitalia? O yes When stallion: 2 testicles O yes O no O no Both testicles present: 8. Is the foal sound in walk and trot? If not, what deviations are there Ø yes 9. Are there any other signs of illness, defects or deviations? Kno date: Dier-N-Artsen Rijk-Jan Pleijter, Paardenarts

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