

The undersigned, veterinarian at 16-8-24, declares to have examined the foal described below and has filled in this form to the best of his/her knowledge.

Foals name	e:	L-F	un					, , , , , , , , , , , , , , , , , , ,
gender:	<u></u> <u>Q</u> st	tallion	O mare		date of bi	rth:	12-6-	24
colour:	B	acl	۸		breeding:		Secre	<u>t Lover</u> x Gribaldi
owner:	B	ech	told				500	
address:	تا	CS	s vig	digl	33	Spr	ang a	apelle
1. How are								
Nutritional state:					g go		O normal	O poor
	General impression: Skin:				g go		O normal	O poor
	Remarks:				Qgo		O normal	O poor
2. Are ther	e anv abno	rmalitie	es on:					
Are there any abnormalities on: eyes					O yes		O no	4
teeth					O yes		Ø∙no	O overbite
nose					O yes		Ø no	
nasal discharge remarks.					O yes		⊘ no	
		•					_	
3. Breathing normally? If not, what abormalities are there?				there?	Q yes		O no	
Any sign	es of spont	anious	coughing?		O yes		Ø\no	
10 (50)	Remarks:							
4. are there	e anv signs	of pour	or abnorm	al digestion	17			
	Remarks:	or pour	or abilitin	ar argestion	O yes		Ø no	
	Remarks:	*******	***************************************	•••••••				···
	heartrate Remarks:	and pul	se in rest ar	nd after tro	t? © (r	normal	O abnorma	al
joint?	efects are ti Ono de Remarks:			ooves, such efects	as abnorma	l hoof sh	ape, thickening	of tendons or bones or overfilling of any
7. Any defe	acts on out	ar ganit	alia?					
,,,,,,, dele	cts on out	or Scille	unu:		O yes		≪ no	
	When stall	ion:	2 testicles		(6 yes		O no	
	Remarks:			Both tes	sticles prese	nt:	(iii) yes	O no
8. Is the fo	ai sound in	waik ar	ia trot? if n	ot, what de	viations are		O no	
	Remarks:				Ø yes			***
9. Are ther	e any othe	r signs o	of illness, de	efects or dev	viations?			
	Remarks:	(3)			O yes		Olno	
	Remarks.	*******					***************************************	
date:	16	8-0	-24	to	wn:	Der	Hout	
name:	n	HC	MS	1	signature:			Dier-N-Artsen
	-		U					.c. Nijst, Paarde narts OOSTEIND
							H	0162-74 80 62