

The undersigned, veterinarian at 16-8-29, declares to have examined the foal described below and has filled in this form to the Foals name: gender: 📜 stallion O mare date of birth: colour: rdale x Vitalis breeding: owner: address: 1. How are: Nutritional state: **™** good General impression: O normal O poor **№** good Skin: O normal O poor **Q**good O normal Remarks: O poor 2. Are there any abnormalities on: eyes O yes 10 no teeth O yes 🗯 no nose O overbite ...... mm O yes no 😡 nasal discharge O yes 10 no remarks. 3. Breathing normally? **₫** yes O no If not, what abormalities are there? Any signes of spontanious coughing? O yes **Q**no Remarks: 4. are there any signs of pour or abnormal digestion? O yes **Q**no Remarks: 5. How are heartrate and pulse in rest and after trot ? **E**normal 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 joint? Remarks: 7. Any defects on outer genitalia? 0 yes **®**no When stallion: 2 testicles **Q** yes O no Both testicles present: **Q** yes Remarks: O no 8. Is the foal sound in walk and trot? If not, what deviations are there yes O no Remarks: 9. Are there any other signs of illness, defects or deviations? 0 no date: name: signature: Dier-N-Artsen M.H.C. Nijst, Paardenarts

OOSTEIND 0162-74 80 62