

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

Foals na	me: Under Ormon	r bevrenhof	•	
gender:	stallion O mare	date of birth:	40-03	3-24
colour:	waitbrin	breeding:	Secret	: Lover - Uphill
owner:	Moderschip	<u> </u>		
address:				
1. How a	re: Nutritional state: General impression: Skin: Remarks:	• good • good • good	O normal O normal O normal	O poor O poor O poor
2. Are the	ere any abnormalities on:			
	eyes teeth nose nasal discharge remarks.	O yes O yes O yes O yes	© no © no © no	O overbite mm
3. Breath	ing normally?  If not, what abormalities are the	© yes	O no	
Any signes of spontanious coughing? O yes © no Remarks:				
4. are the	re any signs of pour or abnormal of Remarks:	digestion? O yes	@ no	
5. How are heartrate and pulse in rest and after trot ? • 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 a joint? On defects  Remarks: Stord				
7. Any defects on outer genitalia?				
	When stallion: 2 testicles  Remarks:	O yes ② yes Both testicles present:	@ no O no ® yes	O no
8. Is the foal sound in walk and trot? If not, what deviations are there				
	Remarks:	<b>∅</b> yes	O no	
9. Are there any other signs of illness, defects or deviations?  O yes  Remarks:				
date:	26-06-2024	town: Dec	Hort	
.iaiiie.	or we just	signature.		