

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. gender: date of birth: colour: breeding: owner: address: 1. How are: Nutritional state: good O normal O poor General impression: good 🕲 O normal O poor good O normal O poor Remarks: 2. Are there any abnormalities on: eyes O yes no teeth O yes no O overbite mm nose O yes **⊘**no nasal discharge O yes 🐧 no remarks. 3. Breathing normally? 💇 yes O no If not, what abormalities are there? Any signes of spontanious coughing? O yes O no Remarks: 4. are there any signs of pour or abnormal digestion? O yes no no Remarks: 5. How are heartrate and pulse in rest and after trot $\ref{eq:condition}$ Onormal O abnormal 6. What defects are there on legs and hooves, such as abnormal hoof shape, thickening of tendons or bones or overfilling of any joint? no defects O defects Remarks: 7. Any defects on outer genitalia? O yes no no When stallion: 2 testicles O yes Both testicles present: O ves O no Remarks: 8. Is the foal sound in walk and trot? If not, what deviations are there yes 9. Are there any other signs of illness, defects or deviations? town: name: signature: