

The undersigned, veterinarian at 16 - 0 - 20 declares to have examined the foal described below and has filled in this form to the best of his/her knowledge.

Foals name:				
gender: Ostallion O mare	date of birth:	14-0	6-211	
colour: Brown	breeding:	Secre	+ (over 10	ord leatherdale
owner: Milder			X CC	ACC CESCII ESCULE
address: Wagenstroy	ed 7?	Wage	nbem	
1. How are:	1 /			
Nutritional state:	good	O normal	O poor	
General impression: Skin:	Ogood	O normal	O poor	
Remarks:	Øgood 	O normal	O poor	
2. Are there any abnormalities on:				
eyes	O yes	Duno		
teeth	O yes	Q.no	O overbite mm	
nose nasal discharge	O yes	no		
remarks.	O yes	no		
3 Broathing parmally 2	2			
3. Breathing normally? If not, what abormalities are there?	Types	O no		
		••••••		
Any signes of spontanious coughing? Remarks:	O yes	900		
Remarks:				
4. are there any signs of pour or abnormal digesti	on?		4.	
Remarks:	O yes	Q _{no}		
How are heartrate and pulse in rest and after to Remarks:	rot? Anormal	O abnormal		
6. What defects are there on legs and hooves, suc	h as abnormal hoof	hane thickening of	tendons or honos or everfill	
James O defects			tendons of bolles of overfill	ng ot any
Remarks:				
7. Any defects on outer genitalia?				
Miles de III	O yes	ono		
When stallion: 2 testicles	Nyes esticles present:	O no	-	
Remarks:	esticles present:	O ves	O no	
8. Is the foal sound in walk and trot? If not, what o	I d-11			
one the roal sound in walk and trote in hot, what o	yes	O no		
Remarks:	N	•••••		
9. Are there any other signs of illness, defects or d	eviations?			
	_	Ono		
Remarks:				
1		1		
date: 10-0-24 t	own:	May	<u> </u>	
name: CMG Schurmons	signature:	Dier-N	-Artsen	
	Signature.	L.M.G. Schuurma	ans, Paardenarts	
			TEIND 18062	
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