

The undersigned, veterinarian at 16 - 0 - 26 clares to have examined the foal described below and has filled in this form to the best of his/her knowledge.

Foals name	: Ultimo ST						
gender:	vistallion O mare	date of birth:	30-0	5 - 24	, .		
colour:	Darkbrown	breeding:	Secret	loverx	lad	Leathe	rdale
owner:	Shyders	- T.					
address:	Bergsepad	17, lete	nngen				
1. How are:							
	Nutritional state:	good	O normal	O poor			
	General impression:	*Qgood	O normal	O poor			
	Skin:	Ogood	O normal	O poor			
	Remarks:	~~					
2. Are there	any abnormalities on:						
	eyes	O yes	20 no				
	teeth	O yes	no	O overbite mm			
	nose	O yes	Ø no				
	nasal discharge	O yes	O no				
	remarks			ii.			
3. Breathin	g normally?	Di ves	O no				
	If not, what abormalities are there?						
	, <u>,</u>						
Any signe	es of spontanious coughing?	O yes	O ho				
	Remarks:	<mark></mark>					
4. are there	any signs of pour or abnormal digest	ion?					
	, ,	O yes	∂ no				
	Remarks:						
5. How are	heartrate and pulse in rest and after	trot ? Mormal	O abnorma				
	Remarks:	(*					
	Memorial III						
6. What de	fects are there on legs and hooves, su	ich as abnormal hoof s	hape, thickening o	of tendons or bones or	overfilling of a	ny	
joint?	ono defects O defects	_					
ECCUSION CONTRACTOR	Remarks:						
	Nemarks.						
7. Any defe	ects on outer genitalia?						
,,,,,	Services	O yes	no				
	When stallion: 2 testicles	D iyes	O no				
	10-20-11-11-11-11-11-11-11-11-11-11-11-11-11	testicles present:	yes	O no			
	Remarks:	,	~				
8. Is the for	al sound in walk and trot? If not, what	deviations are there					
0.15 1.16 10	ar source in train and around it has your	% yes	O no				
	Remarks:	X					20
				T			
9 Are ther	e any other signs of illness, defects or	deviations?			4		
J. Ale diel	e any other signs or inness, derests or	O yes	000				
	Remarks:		~ /	••			
	1 ~ 1		.//.	Asteon			
date:	16-0-20	town:	-Dier-N	-Artsen			
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name:	16 schumer	signature:	008	STEIND 74 80 62			
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