

The undersigned, veterinarian at 16-8-24 declares to have examined the foal described below and has filled in this form to the best of his/her knowledge.

Foals nam	ne: Umelia			
gender:	O stallion 💢 mare	date of birth:	8-5-	24
colour:	Dark Bay	_ breeding:	Glamo	urdale x latt
owner:	<u>kolbach</u>		0	
address: Egter v lasselverhoiseg y Pordoroges				
1. How are:				
	Nutritional state:	⊘ good	O normal	O poor
	General impression: Skin:	Ø good Ø good	O normal O normal	O poor O poor
	Remarks:		O HOITIGE	0 0001
2. Are there any abnormalities on:				
	eyes	O yes	∅ no	
	teeth nose	O yes	Ø,no	O overbite mm
	nasal discharge	O yes O yes	Ø no Ø no	
	remarks.		9(
3. Breathi	ng normally? If not, what abormalities are the	% yes ere?	O no	
Any sigr	nes of spontanious coughing? Remarks:	O yes	© ∕no	
4. are there any signs of pour or abnormal digestion?				
4. die tile	re any signs of pour or abnormal	O yes	🙉 no	
	Remarks:	·		
5. How are heartrate and pulse in rest and after trot ?				
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 Remarks:				
7. Any defects on outer genitalia?				
5. * .000.07	20 1000 1000 1000 1000 1000 1000 1000 1	O yes	% no	
	When stallion: 2 testicles	O yes	O no	
	Remarks:	Both testicles present:	O yes	O no
8. Is the foal sound in walk and trot? If not, what deviations are there				
		V yes	O no	
	Remarks:			
9. Are there any other signs of illness, defects or deviations?				
	Remarks:	O yes	% ho	
	Remarks:			
date:	16-0-24	town:	en Hout	
name:	MHC NGST	signature:	POS	Dier-N-Artsen
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