

The undersigned, veterinarian at 16 - 6 - 24 declares to have examined the foal described below and has filled in this form to the Foals name: gender: date of birth: colour: breeding: owner: address: 1. How are: Nutritional state: o good O normal General impression: O poor good O normal O poor Skin: good O normal Remarks: O poor 2. Are there any abnormalities on: eyes O yes **O**no teeth O yes **⊘**•no nose O overbite mm O yes **Q**ino nasal discharge O yes @no remarks. 3. Breathing normally? ayes O no If not, what abormalities are there? Any signes of spontanious coughing? O yes no Remarks: 4. are there any signs of pour or abnormal digestion? O yes Mno Remarks: 5. How are heartrate and pulse in rest and after trot ? Chormal 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 any Remarks: 7. Any defects on outer genitalia? O yes When stallion: 2 testicles O yes Both testicles present: O no Remarks: 8. Is the foal sound in walk and trot? If not, what deviations are there yes O no Remarks: 9. Are there any other signs of illness, defects or deviations? **o**no Remarks: Schuurmans, Paar OOSTEIND 0162-74 80 2