



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 name: Utahkarla  
gender: O stallion  mare      date of birth: 22-04-24  
colour: Dark Bay      breeding: Kjento x Ferro  
owner: kuin  
address: Erasmusweg 7 Lepelstraat

1. How are:

Nutritional state:  good      O normal      O poor  
General impression:  good      O normal      O poor  
Skin:  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: a little bit conjunctivitis due to flies

3. Breathing normally?

yes      O no  
If not, what abnormalities are there? .....

Any signes of spontaneous coughing?

O yes       no  
Remarks: .....

4. are there any signs of pour or abnormal digestion?

O yes       no  
Remarks: .....

5. How are heartrate and pulse in rest and after trot ?

normal      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 joint?

no defects      O defects  
Remarks: .....

7. Any defects on outer genitalia?

When stallion: 2 testicles      O yes       no  
O yes      O no  
Both testicles present:      O yes      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 yes       no  
Remarks: .....

date: 16-8-24      town: Den Hout

name: MHC Ngst      signature: [Signature]

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