EQU.BREEDING
AUCTION

The undersigned veterinary, _____ , declares that the foal described below has been examined and that this form has been completd to the best of his/ her knowledge.

Name foal : _____
_____

Genter: colt - filly Date of Birth:
_____

Color: _____ Pedigree(ffm):
_____

Owner: _____

Residence: _____

1. How are:

State of nutrition	good	-	normal	-	inadequate
General Appearance	good	-	normal	-	inadequate
Coat cconditions	good	-	normal	-	inadequate

Comments : _____

2. Are theye any defects in:

Eyes	yes	-	no	
Teeth	yes	-	no	if overbite: _____mm
Nose	yes	-	no	
Discharge from the noose	yes	-	no	

Comments : _____

3. Is the respiration normal? yes - no
If not explain:_____
Have you observed any coughing yes - no

4. Are there any symptoms which indicate a poor or abnormal digestion? yes - no
Comments : _____

5. What is the state of the heartbeat and pulse at rest and after trot? Normal - abberant
Are there any heart murmurs? yes - no

6. What defects are there concerning the limbs and hooves ? yes - no defects
Are there any limb deformities? yes - no
Comments : _____

7. Are there any defects of the external genitalia?
Comments : _____

If Stallion:	2 testicles:	yes	-	no
If Stallion:	testicles descendend	yes	-	no

8. Does the foal show defects in walk and/or trot? If yes what are the defects? yes - no
Comments : _____

9. Are there any other symptoms of sickness, defects or faults? yes - no

Signed by : **Signature**
Date – Location :