

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

Name foal: Cotwolk Pi	olledar		
Genter: colt filly	Date o	of Birth:	
Color: BAY	Pedigre	e(ffm): CONTAY	2640S × ULETU
Owner:			
Residence:			
1. How are:			
State of nutrition General Appearance Coat cconditions Comments:	good ~ normal good ~ normal good ~ normal	<ul><li>inadequate</li><li>inadequate</li><li>inadequate</li></ul>	
2. Are theye any defects in:			
Eyes Teeth Nose Discharge from the noose Comments:	yes ~ no yes ~ no yes ~ no yes ~ no	if overbite: 1 n	am
3. Is the respiration normal?  If not explain:  Have you observed any coughing	yes ~ no		
4. Are there any symptoms which in Comments:	ndicate a poor or abnorma		no
5. What is the state of the heartbeat Are there any heart murmu		er trot? No. yes	rmal - abberant
6. What defects are there concerning Are there any limb deformit Comments:		yes 	
7. Are there any defects of the exter  Comments:  If Stallion: 2 testicles:  If Stallion: testicles described.		yes - no yes - no	
8. Does the foal show defects in wal Comments :	lk and/or trot? If yes wha	t are the defects? yes	~ no
9. Are there any other symptoms of		? yes	~ no
Signed by: MARTA VETH Date - Location: (SIO7) Le	tu		Signature
15/07/2e	or, bound	34	Marta Vezzani

SHE Marta Vezzani
FEI ID 10059312