



The undersigned veterinary, C. VAN HOVE, 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: Billion D. PAO

Gender: colt - filly

Date of Birth: 26/01/23

Color: Bay

Pedigree (ffm): below du Revator  
PRINELLE

Owner: EQ

Residence: Heerhout

1. How are:

State of nutrition good - normal - inadequate  
General Appearance good - normal - inadequate  
Coat conditions good - normal - inadequate  
Comments: \_\_\_\_\_

2. Are there any defects in:

Eyes yes - no  
Teeth yes - no if overbite: / mm  
Nose yes - no  
Discharge from the nose 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:

Date - Location: 04/09/23  
Heerhout

Signature

Dr. Eveline VAN HOVE  
Broekhoven 13  
2200 Mellehoven  
0476 39 20 27