



The undersigned veterinary, E. VAN HOLE, 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 : CASTAAR vd Paepshoeve

Gender: colt - filly

Date of Birth: 26/04/23

Color: BAY

Pedigree (ffm): Choco blue x URMMA

Owner: Stal de Paepshoeve

Residence: Herenthout

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: 1 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 : 1

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 : 4/9/23  
Herenthout

Signature  
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