

The undersigned veterinary, KATRIEN VRANCKEN, 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: CITATION JT Z chip: 981100006026921
 Gender: colt - ~~filly~~ Date of Birth: 16/04/2023
 Color: GREY Pedigree(ffm): CUMANO X HEARTBREAKER
 Owner: JOHAN THIJS
 Residence: OPOETEREN

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? yes - no

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: Katrien Vrancken
 Date - Location: 30/8/23 - Opoeteren

Signature KATRIEN VRANCKEN
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