



The undersigned veterinary, E. 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: Della gine va burchop Ep L

Gender: colt - filly

Date of Birth: 12/06/23

Color: dark bay

Pedigree(ffm): Dam nota x ische DeMure

Owner: Ep

Residence: Heerhout

1. How are:

State of nutrition	<u>good</u>	-	normal	-	inadequate
General Appearance	<u>good</u>	-	normal	-	inadequate
Coat conditions	<u>good</u>	-	normal	-	inadequate
Comments :	<u>/</u>				

2. Are there any defects in:

Eyes	yes	-	<u>no</u>	
Teeth	yes	-	<u>no</u>	if overbite: <u>1</u> mm
Nose	yes	-	<u>no</u>	
Discharge from the nose	yes	-	<u>no</u>	
Comments :	<u>/</u>			

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 : 04/09/23
Heerhout

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