

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: ETNA JT Z
 Gender: ~~colt~~ - (filly) Date of Birth: 23/4/2023
 Color: CHESTNUT Pedigree(ffm): EMERALD x CACHAS
 Owner: JHAN THYS
 Residence: OPEETEREN

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?

Are there any limb deformities? yes - (no defects)
 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 - Opeeteren

Signature KATRIEN VRANCKEN
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