



The undersigned veterinary, C. van der Horst, 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: HERRARD vd Roepkruis EPS

Gender: colt - filly

Date of Birth: 24/06/23

Color: chestnut

Pedigree(ffm): Heathredde x Carthage

Owner: EP

Residence: Herathout

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
 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?

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: 24/06/2023

Signature

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