

The undersigned veterinary, Eva Buday, declares that th	e foal describe	d below has
been examined and that this form has been completed to the best of his/ her know		a below has
J	_	
Name foal: CONTHINKA O2 Z		
Genter: colt - filly Date of Birth:		
Color: DARK BROWN Pedigree(ffm): CO	VTHALOU	LANT FOR
Owner: OSIECKA RENATA Residence: MALE LAKIE 17,86-182 SUIEKHTOWO, F	MANIN	NAME AND IT
Residence: ITALE DELLE 114 , SE 10 E GVICE 110	501110	
1. How are:		
State of nutrition (good) - normal - inadequate		
General Appearance (good) - normal - inadequate		
Coat Conditions (good) - normal - inadequate		
Comments:		
2. Are theye any defects in:		
Eyes yes - (ńo)		
Teeth yes - no if overbite :	_ mm	
Nose yes - no		
Discharge from the nose yes - (no)		
Comments:		
3. Is the respiration normal? — one one		
If not explain:	<u></u> 8	
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 heaves?	WAS	no defects
6. What defects are there concerning the limbs and hooves?	yes -	
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:	- 1	
9. Are there any other symptoms of sickness, defects or faults?	yes -	no
	24	
- Ca Brusher	C *	

Signed by: Ga Bushy
Date - Location: & S. 28,2023/

Signature wa Burday
LEKARD WETERYNARII
Specjalista Oborob Koni
tel. 608 360 413