

VETERINARIAN FORM ZANGERSHEIDE AUCTION FOALS

The undersigned veterinary, _____, 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: COMME ELLE DANCE Z Chip nr: 981100004975247
 Gender: colt filly Date of birth: 8/5/93
 Color: VOS
 Pedigree: Sire: ZOMILFO PLUS Z Dam: QUADANCE Z

Foal produced by: AI ET ICSI

1. State of nutrition good normal inadequate
 General Appearance good normal inadequate
 Coat conditions good normal inadequate
 Comments _____

2. Are there any defects in:
 Eyes no yes defects
 Teeth no yes defects overbite no yes
 Nose no yes defects
 Discharge from the nose no yes defects
 Comments _____

3. Is the respiration normal? yes no
 If not, what is the defect? _____
 Have you observed any spontaneous coughing? no yes
 Comments _____

4. Are there any symptoms which indicate a poor or abnormal digestion? no yes
 Comments _____

5. What is the state of the heartbeat and pulse at rest? normal aberrant
 Are there any heart murmurs? no yes

6. Are there any defects concerning the limbs and hooves such as defective hoof shape, thickening of tendons or bones or enlargement of any joints? no yes, see comments
 Are there any limb deformities? no yes, see comments
 Comments _____

7. Are there any defects of the external genitalia? If so, what are they? no yes
 If stallion: ~~_____~~ Testicles palpable? yes, both only left only right no, not palpable
 Comments _____

8. Is there any sign of an umbilical or an inguinal hernia?
 no yes
 Comments _____

9. Does the foal show defects in walk and/or trot? If yes, what are the defects?
 no yes
 Comments _____

10. Are there any other symptoms of sick ness, defects or faults that must be indicated for sales?
 If so, which ones?
 yes no
 Comments _____

Date: 7-9-23
 Name: Jorinde de Vries

Place: Aalter
 Signature and stamp: _____

Jorinde de Vries
 Blauwgoedstraat 1 9910 Ursef
 N 6147
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