Instructions to the examining veterinary surgeon completing this form:

The foal being examined should be moved outside the stall to demonstrate soundness of limbs and freedom of movement. Careful observation should be made as to deviations in the position of the legs and teeth or other issues relevant to the health / wellbeing of the foal. PLEASE WRITE IN ENGLISH AND IN CLEAR CAPITALS!

VETERINARIAN FORM ZANGERSHEIDE FOALS BREEDERS' SALES

The undersigned veterinary, Kamel Wanauto, , 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: Gender: Date of birth: Color: Pedigree: Owner: City: Foal produced by: 1. How are: State of nutrition 💢 good normal () inadequate General Appearance **⊗**good normal Coat conditions **X** good normal) Comments 2. Are there any defects in: Eyes ≫ no yes defects Teeth no yes defects overbite 🔇 no Nose no yes defects Discharge from the nose ves defects Comments 3. Is the respiration normal? O 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 5. What is the state of the heartbeat and pulse at rest and after trot? abberant
 abberant Are there any heart murmurs? 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? yes If stallion: testicles descended 👿 yeş, both Only left Only right Ono, not descended Comments 8. Is there any sign of an umbilical or an inguinal hernia? **⊘**no O yes Comments 9. Does the foal show defects in walk and/or trot? If yes, what are the defects? **⊗**no O yes Comments 10. Are there any other symptoms of sick ness, defects or faults that must be indicated for sales? If so, which ones? O yes Comments Date: Place: Name: Signature and stamp: Dierenarts (2750)

> 2460 Kasterlee Tel. 0477 / 29 87 90