## Clinical Examination Report Auction Foal

Ambor vande To-Jo-pe Hoeve 2 Date of birth: 07/04 Name Foal: Chipnumber: 528210008 Sex: ☑ colt ☐ filly Dam's Sire: Caluados Sire: Color: 1. General condition State of nutrition ☑ Good □ Normal ☐ Inadequate General appearance ☑ Good □ Normal □ Inadequate Coat condition í Good Normal □ Inadequate Remarks 2. Are there any defects in Eyes No □ Yes Teeth No □ Yes Overbite ☐ No X Yes (upper and lower teeth DON'T touch) No ☐ Yes Nose Discharge from the nose ☑ No ☐ Yes Remarks 3. Is the respiration normal? □ No D Yes If not, describe? Have you observed any spontaneous coughing? ☼ No ☐ Yes 4. Are there any symptoms which may indicate a poor or abnormal digestion? 

✓ No ☐ Yes 5. Is the heartbeat at rest normal? ☐ No 🛱 Yes Are there any heart murmers? 

☐ No ☐ Yes 6. Are there any abnormalities such as abnormal hoof shape, soft or hard tissue swelling or joint effusions? ☑ No ☐ Yes Are there any limb deformations? ☑ No ☐ Yes Remarks 7. Are there any defects of the external genitalia? If so, what are they? If stallion: Testicles palpable? ☐ No ☑ Yes ☐ Only left ☐ Only right Remarks 8. Is there any sign of an umbilical or an inguinal hernia? ☑ No ☐ Yes Remarks 9. Does the foal show gait abnormalities? ☑ No ☐ Yes If yes what are the abnormalities? Are there any other significant clinical signs present that must be indicated to your opinion? No □ Yes: Name of veterinarian Date of the examination Signature, stamp of veterinarian Dierenarts L. Smisa

L. SMISAERT