

Clinical Examination Report Auction Foal



Name Foal: Jara V/D Holsteinerhoeve Z **Date of birth:** 22/05/2025
Chipnumber: 981.100.006.226.554 **Sex:** ☐ colt ☒ filly
Sire: Jenson van het Meulenhof **Dam's Sire:** Citcray EB Z
Color: dark bay

1. General condition

State of nutrition	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
General appearance	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
Coat condition	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
Remarks	<hr/>		

2. Are there any defects in

Eyes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Teeth	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Overbite	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (upper and lower teeth DON'T touch)
Nose	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Discharge from the nose	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks	<hr/>	

3. Is the respiration normal?
If not, describe?
☐ No ☒ Yes

Have you observed any spontaneous coughing? ☒ No ☐ Yes
 Remarks

4. Are there any symptoms which may indicate a poor or abnormal digestion? ☒ No ☐ Yes
Remarks

5. Is the heartbeat at rest normal? ☐ No ☒ Yes
Are there any heart murmurs? ☒ No ☐ Yes6. 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? ☒ No ☐ Yes
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?

10. Are there any other significant clinical signs present that must be indicated to your opinion?

☒ No ☐ Yes:

Date of the examination
14/08/2025

Name of veterinarian
Dr. Maarten Hoogewijs

Signature, stamp of veterinarian
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