

Clinical Examination Report Auction Foal



Name Foal: CHERTAN DE SCELON 2

Date of birth: 12 05 2025

Chipnumber: 250259600705342

Sex: ☒ colt ☐ filly

Sire: 056015255177025

Dam's Sire: 056002W00291645

Color: BAY / GREY

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			

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		

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?

Remarks

5. Is the heartbeat at rest normal?

Are there any heart murmurs?

6. Are there any abnormalities such as abnormal hoof shape, soft or hard tissue swelling or joint effusions?

Are there any limb deformations?

Remarks

7. Are there any defects of the external genitalia? If so, what are they?

If stallion: Testicles palpable?

Remarks

8. Is there any sign of an umbilical or an inguinal hernia?

Remarks

9. Does the foal show gait abnormalities?

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

Name of veterinarian

Signature, stamp of veterinarian

08/08/2025

Dr J. PETITJEAN

DR. Justine PETITJEAN
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