

# Clinical Examination Report Auction Foal



Name Foal: Candy de Finay 2

Date of birth: 20/06/25

Chipnumber: 967000010703496

Sex: ☒ colt ☐ filly

Sire: HH Connad 2

Dam's Sire: Dominator 2000 2

Color: Bai

## 1. General condition

State of nutrition  
General appearance  
Coat condition  
Remarks

☒ Good  
☒ Good  
☒ Good

☐ Normal  
☐ Normal  
☐ Normal

☐ Inadequate  
☐ Inadequate  
☐ Inadequate

## 2. Are there any defects in

Eyes  
Teeth  
Overbite  
Nose  
Discharge from the nose  
Remarks

☒ No ☐ Yes  
☒ No ☐ Yes  
☒ No ☐ Yes (upper and lower teeth DON'T touch)  
☒ No ☐ Yes  
☒ No ☐ Yes

## 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 ☐ 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? ☒ 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

27/08/25

Name of veterinarian

[Signature]

DE CLERCK - LADURON

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Signature, stamp of veterinarian  
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