

## Clinical Examination Report Auction Foal



Name Foal: EDINBOURGH PEGVIE NONI Date of birth: 27.04.2025  
 Chipnumber: 250259602699515 Sex: ☒ colt ☐ filly  
 Sire: EMERALD Dam's Sire: DONINA OR 20002  
 Color: 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			

## 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
☒ No ☐ Yes
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  
Remarks7. 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  
Remarks8. Is there any sign of an umbilical or an inguinal hernia? ☒ No ☐ Yes  
Remarks9. 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

02/09/25

Name of veterinarian

BOURLET Maria

Signature of veterinarian

Dr. Marion BOURLET  
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