

Clinical Examination Report Auction Foal



Name Foal: DONALD 2000 Z **Date of birth:** 27-02-2025
Chipnumber: 981100004984542 **Sex:** ☒ colt ☐ filly
Sire: DOMINATOR 2000 Z **Dam's Sire:** CASSINI II
Color: BAY

1. General condition

State of nutrition	☒ Good	☐ Normal	☐ Inadequate
General appearance	☒ Good	☐ Normal	☐ Inadequate
Coat condition	☒ Good	☐ Normal	☐ Inadequate
Remarks			

2. Are there any abnormalities in:

Eyes	☒ No	☐ Yes
Teeth	☒ No	☐ Yes
Overbite	☒ No	☐ Yes (upper and lower teeth DON'T touch)
Nose	☒ No	☐ Yes
Discharge from the nose	☒ No	☐ Yes
Remarks		

3. Is the respiration normal? ☐ No ☒ Yes

If not, describe?

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:

<u>20-08-2025</u>	<u>Marieke Hermans</u>	
Date of the examination	Name of veterinarian	Signature, stamp of veterinarian