

Clinical Examination Report Auction Foal



Name Foal: DAVIDOFF AEG Z Date of birth: 27-04-2025
Chipnumber: 981100006147220 Sex: colt filly
Sire: DOMINATOR 2000 Z Dam's Sire: CLARIMO
Color: BLACK

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 abnormalities 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? 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: _____

03-09-2025 Maité van Heeswijk _____
Date of the examination Name of veterinarian Signature, stamp of veterinarian