

Clinical Examination Report Auction Foal



Name Foal: COPY PASTE DCK Z **Date of birth:** 24-05-2025
Chipnumber: 981100006129373 **Sex:** ☐ colt ☒ filly
Sire: COMILFO PLUS Z **Dam's Sire:** CALVADOS Z
Color: CHESTNUT

1. General condition

State of nutrition	☒ Good	☐ Normal	☐ Inadequate
General appearance	☒ Good	☐ Normal	☐ Inadequate
Coat condition	☒ Good	☐ Normal	☐ Inadequate
Remarks	<u></u>		

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	<u></u>	

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:

<u>01-09-2025</u>	<u>Ilse Seynhaeve</u>	<u></u>
Date of the examination	Name of veterinarian	Signature, stamp of veterinarian