Clinical Examination Report Auction Foal

ZANGERSHEIDE

Name Foal: ARIANNE B Z Date of birth: 15-03-2025

Chipnumber: 528210008296281 Sex: ☐ colt ☑ filly

Sire: ALLROAD 2000 Z Dam's Sire: GINO H

Color: CHESTNUT

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 murmers? ☑ No ☐ Yes

6. Are there any anbormalities 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: _____

27-08-2025	Drs. I. de Boer	
Date of the examination	Name of veterinarian	Signature, stamp of veterinarian