Clinical Examination Report Auction Foal



Name Foal: ARCO Z		Date of birth: 16/05/2025		
Chipnumber: <u>\$M 000 620 26/6</u>		Sex: □ Colt □ filly		
Sire: Aponix du	Sei hem &	Dam's Sire:	Dismont de Con il	
8	0	Color: _	Fulls	
General condition State of nutrition General appearance Coat condition Remarks	Good Good	□ Normal □ Normal □ Normal	□ Inadequate □ Inadequate □ Inadequate	
2. Are there any defects in Eyes Teeth Overbite Nose Discharge from the nose Remarks	No Yes Y	(upper and low	er teeth DON'T touch)	
3. Is the respiration normal? If not, describe?	□ No X Yes			
Have you observed any spontaneous Remarks	ous coughing?	⊠No □ Yes		
4. Are there any symptoms which ma Remarks	ay indicate a po	oor or abnormal	digestion? ☑ No ☐ Yes	
5. Is the heartbeat at rest normal? Are there any heart murmers?	,			
6. Are there any abnormalities such as joint effusions? ☑ No ☐ Yes Are there any limb deformations? ☑ Remarks		shape, soft or ha	ard tissue swelling or	
7. Are there any defects of the exterr If stallion: Testicles palpable? Remarks	. /	•		
8. Is there any sign of an umbilical or Remarks	an inguinal he	rnia? No	□ Yes	
9. Does the foal show gait abnormalities?	s?pÓ No □ Yes	5		
10. Are there any other significant clinopinion?	nical signs prese	ent that must be	indicated to your Dr.méd.vét. Pascal FELTEN Bahnallee 42	
18 as 1035	Briol Fu	Wen_	Tel: 132/080/228 204	
Date of the examination Nam	e of veterinaria	n Sian	nature stamp of veterinarian	

Clinical Examination Report Auction Foal



Signature, stamp of veterinarian

Name Foal:	ARCO Z		Date of birth	26/05/2025	
Chipnumber: <u>9811000062026</u>		16	Sex: 💢colt	: □ filly	
Sire:	AGANIX DU SEIGNEUR Z		Dam's Sire: DIAMANT DE SEMILLY		
			Color:	Fuchs	
Gener	of nutrition al appearance condition	□XGood □XGood XIGood	□ Normal □ Normal □ Normal	□ Inadequate □ Inadequate □ Inadequate	
2. Are there a Eyes Teeth Nose Discha Remai	Overbite arge from the nose	IXNO ☐ Yes	(upper and lo	wer teeth DON'T touch)	
If not,	iration normal? describe?	□ No □XYes			
Have you o Remai	bbserved any spontane ks	ous coughing?	□XNo □ Ye	S	
4. Are there a		ay indicate a po	oor or abnorm	al digestion? □ X No □ Yes	
	tbeat at rest normal?[any heart murmers? [X)				
joint effusio	ny abnormalities such as ns? □ X No □ Yes ny limb deformations? D rks		shape, soft or I	nard tissue swelling or	
	ny defects of the exter ion: Testicles palpable ks	~	•		
8. Is there an Remai	y sign of an umbilical o rks	or an inguinal he	rnia? 🗀 📉 No	o □ Yes	
	al show gait abnormalities?				
10. Are ther opinion?	e any other significant cl	linical signs pres	ent that must b	e indicated to your	
□ X (No □ '	Yes:				

Name of veterinarian

Date of the examination