## VETERINARIAN FORM ZANGERSHEIDE AUCTION FOALS

The undersigned veterinary, been examined and that this form has been completed to the best of his/her knowledge.								
Name foa Gender: Color:	l:	E-Alors Z Scott Ofilly			Date of bi	Chip nr: $\mathfrak{G}$ rth:	16/	000 49 73 294
Pedigree:		Sire:	MERALI	)	Dam:	ANISETTE	DU &	206
Foal produced by:   Al   ET   ICSI								
1.	State of nutrition General Appearance Coat conditions Comments		0	good good good	○ normal ○ normal ○ normal		inadequate inadequate inadequate	
2. Are the	re any defects Eyes Teeth Nose Discharge fro		6	) no ) no ) no ) no	yes def yes def yes def yes def	ects	overbite	e 🕥 no 🔵 yes
3. Is the re	espiration nor If not, what i		-	) yes	○ no			
Have you observed any spontaneous coughing?  Comments						@ no	○ ye	S
4. Are there any symptoms which indicate a poor or abnormal digestion?   One of the poor o								
5. What is the state of the heartbeat and pulse at rest? Are there any heart murmurs?						onomal abberant yes		
6. Are there any defects concerning the limbs and hooves such as centargement of any joints?  Are there any limb deformities?  Comments					n as defective	e hoof shape, thick  one no no	ening of	tendons or bones or yes, see comments yes, see comments
7. Are there any defects of the external genitalia? If so, what are they?							○ yes	
	If stallion: Testicles palpable?					Only left Only right Ono, not palpable		
8. Is there any sign of an umbilical or an inguinal hernia?  no yes Comments								
9. Does the foal show defects in walk and/or trot? If yes, what are the defects?  ono output  yes Comments								
10. Are there any other symptoms of sick ness, defects or faults that must be indicated for sales?  If so, which ones?  yes  Comments								
Date: Name:	7-9- Jonin	23 rde (	de Vri	25	Place: Signature	Aculte and stamp:	Jori	nde de Vries distant 1 9910 Ursel

Metarical Services No. 18 No.

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