VETERINARIAN FORM ZANGERSHEIDE AUCTION FOALS De Vie N5295 NEVICES CHAN Who declares that the foal described below therself The undersigned veterinary, 0472 66 66 08 been examined and that this form has been completed to the best of his/her knowledge. BARRASCO VI Name foal: O filly Date of birth: Gender: Pedigree: Color: Owner: City: 1. How are: () inadequate normal) State of nutrition () inadequate O normal General Appearance normal) Coat conditions Comments 2. Are there any defects in: yes defects Eyes yes defects Overbite mm Teeth) yes defects Nose yes defects Discharge from the nose Comments **X**yes no 3. Is the respiration normal? If not, what is the defect? 🔯 no yes Have you observed any spontaneous coughing? Comments 💓 no 4. Are there any symptoms which indicate a poor or abnormal digestion? O yes Comments abberant normal 5. What is the state of the heartbeat and pulse at rest and after trot? () yes Are there any heart murmurs? 6. Are there any defects concerning the limbs and hooves such as defective hoof shape, thickening of tendons or bones or yes, see comments enlargement of any joints? **1**no yes, see comments Are there any limb deformities? Comments \bigcirc no 7. Are there any defects of the external genitalia? If so, what are they? yes no 2 testicles If stallion: \bigcirc no ves testicles descended Comments 8. Is there any sign of an umbilical or a inguinal hernia? yes Comments 9. Does the foal show defects in walk and/or trot? If yes, what are the defects? **30**0 O yes Comments 10. Are there any other symptoms of sick ness, defects or faults that must be indicated for sales? If so, which ones? O yes Comments

Date: Name: Place: N529