

Clinical Examination Report Auction Foal



Name Foal: ANOTHER HERO R Z **Date of birth:** 29-05-2025
Chipnumber: _____ **Sex:** ☒ colt ☐ filly
Sire: AKARAD HERO Z **Dam's Sire:** INDORADO
Color: BAY

1. General condition

State of nutrition	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
General appearance	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
Coat condition	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
Remarks	_____		

2. Are there any abnormalities in:

Eyes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Teeth	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Overbite	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (upper and lower teeth DON'T touch)
Nose	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Discharge from the nose	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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 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: _____

29-07-2025

Martijn van der Linden

Date of the examination

Name of veterinarian

Signature, stamp of veterinarian