

Clinical Examination Report Auction Foal



Name Foal: DIACORNIA Z

Date of birth: 25-02-2025

Chipnumber: 276093401036052

Sex: ☐ colt ☒ filly

Sire: DIARON

Dam's Sire: CORNET OBOLENSKY

Color: GREY

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	<hr/>		

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	<hr/>	

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:

31-07-2025

G.Reimers

Date of the examination

Name of veterinarian

Signature, stamp of veterinarian