

# Clinical Examination Report Auction Foal



Name Foal: Cem Du Vi Z

Date of birth: 12-04-2025

Chipnumber: 5280008100094510

Sex: ☒ colt ☐ filly

Sire: Count On Me Z

Dam's Sire: \_\_\_\_\_

Color: \_\_\_\_\_

## 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 defects 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: \_\_\_\_\_

1-8-2025

Date of the examination

J. Sleutjens

Name of veterinarian

**Dierenkliniek Hellendoorn**

Ommervweg 54, 7447 RG Hellendoorn

0548-655065

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Signature, stamp of veterinarian