

Clinical Examination Report Auction Foal



ZANGERSHEIDE

Name Foal: Spark-saille BZ

Date of birth: 01.05.2025

Chipnumber: _____

Sex: ☐ colt ☒ filly

Sire: Spartacus

Dam's Sire: _____

Color: Bruin

1. General condition

State of nutrition

☒ Good

☐ Normal

☐ Inadequate

General appearance

☒ Good

☐ Normal

☐ Inadequate

Coat condition

☒ Good

☐ Normal

☐ Inadequate

Remarks _____

2. Are there any defects in

Eyes

☒ No ☐ Yes

Teeth

☒ No ☐ Yes

Overbite

☒ No ☐ Yes (upper and lower teeth DON'T touch)

Nose

☒ No ☐ Yes

Discharge from the nose

☒ No ☐ 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: _____

9-7-2025

Date of the examination

V.G. Schevers

Name of veterinarian

Diergeneeskundig Centrum Zuid-Oost Drenthe



Coevorden 0524 513 694

Sleen 0591-361 368

Nieuw Amsterdam 0591-551 820

Signature, stamp of veterinarian