VETERINARIAN FORM ZANGERSHEIDE FOALS BREEDERS' SALES The undersigned veterinary, I au GERM , declares that the foal described below has been examined and that this form has been completed to the best of his/her knowledge. Chip nr: 200 208 709133868 Name foal: Gender: Color: Pedigree: For Durnsmi Owner: City: Foal produced by: 1. How are: Xgood () inadequate State of nutrition normal O normal inadequate General Appearance Coat conditions ○ normal () inadequate Comments 2. Are there any defects in: yes defects Eyes yes defects overbite no yes Teeth yes defects Nose yes defects Discharge from the nose Comments **X** yes \bigcirc no 3. Is the respiration normal? If not, what is the defect? Have you observed any spontaneous coughing? yes Comments 4. Are there any symptoms which indicate a poor or abnormal digestion? yes Comments 🚺 normal 5. What is the state of the heartbeat and pulse at rest and after trot? Are there any heart murmurs? yes 6. Are there any defects concerning the limbs and hooves such as defective hoof shape, thickening of tendons or bones or enlargement of any joints? yes, see comments Are there any limb deformities? yes, see comments Comments 7. Are there any defects of the external genitalia? If so, what are they? \bigcirc no yes yes, both Only left Only right Ono, not descended If stallion: testicles descended Comments 8. Is there any sign of an umbilical or an inguinal hernia?

) no () yes 9. Does the foal show defects in walk and/or trot? If yes, what are the defects? 10. Are there any other symptoms of sick ness, defects or faults that must be indicated for sales? If so, which ones? () yes Comments Place: Date: Signature and stamp Name: