## VETERINARIAN FORM ZANGERSHEIDE AUCTION FOALS

			UTERS as been comple				escribed belo	w has	
Name foa Gender: Color: Pedigree:	l: <u>4</u>	ocolt C	LOU JO Filly BROW BACCO BL	NA NE 1	Date of bir	Chip nr: rth:	-		968158
Foal prod		₩ AI	O ET	010					
1.	State of nutritions of the Control of Comments	arance	(a) g (b) g (b) g	ood		O normal O normal normal		○ inade ○ inade ○ inade	quate
2. Are the	re any defects i Eyes Teeth Nose Discharge from Comments		(§) n (§) n (§) n	0	yes defe yes defe yes defe yes defe	ects ects	overbite	e 🌑 no	) yes
3. Is the re	espiration norm If not, what is		<b>◎</b> y	es	○ no				
Have y	ou observed and Comments	y spontane —	ous coughing?			no no	○ ye	s	
4. Are the	re any sympton Comments	ns which ir	idicate a poor oi	abnorma	l digestion?	no no	○ ye	S	
5. What is the state of the heartbeat and pulse at rest? Are there any heart murmurs?							ormal o	○ abber	ant
enlargem	re any defects o ent of any joints ere any limb def Comments	s?	the limbs and h	ooves sud	h as defective	hoof shape, th  ignorphic no  ignorphic no	nickening of t	O yes, so	r bones or ee comments ee comments
7. Are the	re any defects o	of the exte	rnal genitalia? If	so, what	are they?	<b>(</b> ) n	0	O yes	
	If stallion.	T	esticles palpable	? 4	yes, both	Oonly left	only righ	nt Ono,	not palpable
	Comments	_							
8. Is there	-	umbilical o yes  —	r an inguinal her	nia?					
9. Does th		fects in wal	lk and/or trot? If	yes, wha	t are the defe	cts?			
	nich ones?	ymptoms o	of sick ness, defe	cts or fau	lts that must b	oe indicated for	r sales?		
Date: Name:	14/8/ WAV TER		sepp		Place: Signature	and stamp:	Jeneu	GERT	WAUTERS letenarts

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