

**Examination report Zangersheide Breeders' Sales Broodmares**I, undersigned veterinary Dr.           Tuijs (L.M.) Koelkoek          

declare to have examined the recipient mare written below and to have filled in the form truthfully.

Name mare:           HEATHER          Chipnumber:           21 0002830 964          In foal of:           DOURKHAN HERO 2          Expected birth date:           24-05-2024          **1. How are:**

State of nutrition            good                            normal                            inadequate  
 General Appearance        good                            normal                            inadequate  
 Coat conditions            good                            normal                            inadequate

Comments \_\_\_\_\_

**2. Are there any defects in:**

Eyes                            no                            yes, see comments  
 Teeth                           no                            yes, see comments  
 Nose                            no                            yes, see comments  
 Discharge from the nose    no                            yes, see comments

Comments \_\_\_\_\_

**3. Is the respiration normal?** yes    no, see comments

If not, what is the defect? \_\_\_\_\_

**4. Have you observed any spontaneous coughing?** no    yes, see comments

Comments \_\_\_\_\_

**5. Are there any symptoms which indicate a poor or abnormal digestion?** no    yes, see comments

Comments \_\_\_\_\_

**6. What is the state of the heartbeat and pulse at rest and after trot?** normal    aberrant

Comments \_\_\_\_\_

**7. Are there any defects of the external genitalia?** no    yes, see comments

Comments \_\_\_\_\_

**8. What defects are there concerning the limbs and hooves such as defective (hoof) shape, thickening of tendons or bones or enlargement of any joints?** no    yes, see comments

Comments \_\_\_\_\_

**9. Are there any other symptoms of sickness, defects or faults that must be indicated for sales?**If so, which ones?  no    yes, see comments

Comments \_\_\_\_\_

The examined mare has had her basic vaccination against **Equine** yes    no**Influenza/Tetanus** and after that has been annually vaccinated.The examined mare has had her basic vaccination against **Rhino-** yes    no**Pneumonia** and after that has been vaccinated (at least) every half year.

The undersigned declares, having controlled the above mare on gestation through ultrasound.

**The mare is pregnant and she is considered to be a normal risk to carry the foal to full term.**Date and Place:           27-08-2023           LEMLEKVELD          

Signature and stamp:

