

**Examination report Zangersheide Breeders Auction Broodmares**

I, undersigned veterinary Dr. MARTINA CAMPO
 declare to have examined the (recipient) mare written below and to have filled in the form truthfully.

Name mare: AYLA F
 Chipnumber: 368 0000 10563454

In foal of: JERSON VAN'T HEULENHOF 2
 Expected birth date: 26/05/24

1. How are:

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 conditions	<input checked="" type="checkbox"/> good	<input type="checkbox"/> normal	<input type="checkbox"/> inadequate

Comments _____

2. Are there any defects in:

Eyes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes, see comments
Teeth	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes, see comments
Nose	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes, see comments
Discharge from the nose	<input checked="" type="checkbox"/> no	<input type="checkbox"/> 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 abberant

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 Influenza/Tetanus** and after that has been annually vaccinated. yes no
 Last vaccination date: FCUITE 24/5/22

The examined mare has had her basic vaccination against **Rhino-Pneumonia** and after that has been vaccinated (at least) every half year. yes no FCU 6/5/23
 Last vaccination date: _____

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: 24/01/24 ROSJEBRO, SWEDEN

Signature and stamp:

Dott.ssa Martina Campo
MEDICO VETERINARIO
 Ord. Medico Veterinario n° 282 Ragusa
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