

Clinical Examination Report



Name Foal: Escada Keijteershof Date of birth: 6/4/2024

Chipnumber: 967000010627975 Sex: colt filly

DAMS Sire: Queerlybet Hero Dam's Sire: Emerald vt Ruytershof

Foal produced by: AI ET ICSI Color: Chestnut

1. General condition

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 condition	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
Remarks	_____		

2. Are there any defects in

Eyes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Teeth	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Overbite	<input type="checkbox"/> No	<input type="checkbox"/> Yes (upper and lower teeth DON'T touch)
Nose	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Discharge from the nose	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks	_____	

3. Is the respiration normal?

If not, what is the defect? _____
 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 defects concerning the limbs and hooves such as defective hoof shape, thickening of tendons or bones or enlargement of any joints? 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 defects in walk and/or trot? No Yes
 If yes what are the defects? _____

10. Are there any symptoms of sickness, defects or faults that must be indicated before sales?
 No Yes: _____

02/08/2024
 Date of the examination

Justine Reynaert
 Name of veterinarian

Dierenarts Justine Reynaert
 N5302
 Dijken 3 8340 Sijsele
 Signature, stamp of veterinarian