

Clinical Examination Report Auction Foal



Name Foal: LOKY L'ARCHONFESSE Z Date of birth: 02/06/2024

Chipnumber:  Sex: colt filly
944116000931508

Sire: LECTOR VAN DE BISCHOP Dam's Sire: CASSIA L'ARCHONFESSE
Color: BAI

1. General condition

State of nutrition	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
General appearance	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
Coat condition	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
Remarks	_____		

2. Are there any abnormalities in:

Eyes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Teeth	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Overbite	<input checked="" 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? No Yes
If not, describe? _____
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 abnormalities such as abnormal hoof shape, soft or hard tissue swelling or joint effusions? 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 gait abnormalities? No Yes
If yes what are the abnormalities? _____

10. Are there any other significant clinical signs present that must be indicated to your opinion?
 No Yes: _____

02/08/2024
Date of the examination

LOFFET LAURENT
Name of veterinarian


Signature, stamp of veterinarian

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