

# Clinical Examination Report Auction Foal



ZANGERSHEIDE

SDB 2

Name Foal: Payback Time Date of birth: 23-03-2024  
 Chipnumber: 528210008090439 Sex:  colt  filly  
 Sire: Pegase van 't Ruijtershof Dam's Sire: Hamlet  
 Color: Brown

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 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?  
If not, describe?

No  Yes

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: \_\_\_\_\_

Date of the examination

9-8-24

Name of veterinarian

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