

# Clinical Examination Report Auction Foal



ZANGERSHEIDE

Name Foal: GEENA WOW Date of birth: 12/03/2024  
 Chipnumber: 25025 960067 3860 Sex:  colt  filly  
 Sire: GRANDONADO TN Dam's Sire: ARKO III  
 Color: \_\_\_\_\_

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

7/10/2024

Name of veterinarian

BERTHOU Justine

Signature, stamp of veterinarian DMV

**DR JUSTINE BERTHOU, DMV**

*(Signature)*  
 N° d'ordre: 25936  
 Ecole 49, Route de Beaulieu  
 14130 Blangy-le-Château