

# Clinical Examination Report Auction Foal



Name Foal: Quero II van Iden Date of birth: 24/5/2024  
 Chipnumber: 9811 0000 608 0176 Sex:  colt  filly  
 Sire: Quero I Dam's Sire: Urena DE 42-1000 33  
 Color: Schimmel 1005

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 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

09.06.2024

Name of veterinarian

PHYSSEN BJORN

Signature of veterinarian

[Signature]  
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 DAP Aan De Watergang  
 Spadanskwarmer 51 a  
 9170 De Klinge