

# Clinical Examination Report Auction Foal



Name Foal: Camopeia de Belle Z Date of birth: 1115 12024  
 Chipnumber: 981100006139235 Sex:  colt  filly  
 Sire: Cote d'or Z Dam's Sire: Diabeau wd heffinch  
 Color: Dark 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	<u>no remarks</u>		

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	<u>no remarks</u>	

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 no remarks

8. Is there any sign of an umbilical or an inguinal hernia?  No  Yes  
 Remarks no 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

22/08/2024

Name of veterinarian

Karen Welkenhuyzen

Signature, stamp of veterinarian

[Signature]  
 Karen Welkenhuyzen, dierenarts  
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