

Clinical Examination Report Auction Foal



ZANGERSHEIDE

Name Foal: Oliva vd hengsterpael Date of birth: 9/5/24
Chipnumber: 921100006108396 Sex: colt filly
Sire: Orak d' Jlamwycle Dam's Sire: Stalkeato
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? 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: _____

9/8/2024
Date of the examination

Annelies Smeyers
Name of veterinarian

Drs A. SMEYERS
Signature, stamp of veterinarian

TEL 0499/418244