

Clinical Examination Report Auction Foal



ZANGERSHEIDE

Name Foal: Cheri Blue Jog Date of birth: 31-3-2024
 Chipnumber: 528210008100427 Sex: colt filly
 Sire: Chacfly PS Dam's Sire: Special Cera du Maillet 2
 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? Umbilical hernia operation 20.24 nicely healed

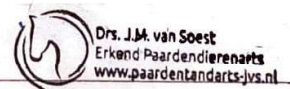
No Yes:

27-9-2024

Date of the examination

J.M. van Soest

Name of veterinarian



[Signature]
 Signature of veterinarian