Examination report Zangersheide Breeders Auction embryos BRAM KEPPENS I, undersigned veterinary Dr. declare to have examined the recipient mare written below and to have filled in the form truthfully. Name recipient mare: Chipnumber: In foal of: Father: Mother: Expected birth date embryo: 1. How are: (V) good normal. () inadequate State of nutrition () inadequate () normal General Appearance () inadequate Coat conditions normal) Comments 2. Are there any defects in: no abnormalities Eyes yes (V) no abnormalities O yes Teeth (M) no abnormalities yes yes √ Nose (V) no abnormalities Discharge from the nose yes yes √ Comments (V) yes 3. Is the respiration normal? no, see comments If not, what is the defect? 4. Have you observed any spontaneous coughing? 10 no oyes, see comments Comments 5. Are there any symptoms which indicate a poor or abnormal digestion? () yes, see comments (normal 6. What is the state of the heartbeat and pulse at rest and after trot? () abberant Comments 7. Are there any defects of the external genitalia? yes, see comments 8. Are there any other symptoms of sickness, defects or faults that must be indicated for sales? If so, which ones? Oyes, see comments Comments The examined mare has had her basic vaccination against Equine \bigcirc no Influenza/Tetanus and after that has been annually vaccinated against Equine Influenza/Tetanus The examined mare has had her basic vaccination against O no Rhinopneumonia and after that has been vaccinated (at least) every half year against Rhinopneumonia The undersigned veterinary declares, having controlled the above mare on gestation through ultrasound. The mare is pregnant and she is considered to be a normal risk to carry the foal to full term. Date and Place: Signature and stamp:

Animedi DIERENARTSEN PAARD
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