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# Examination Form Foal

Global Dressage Auction 2021

I, Dr. Maarten Aarts declare to have examined the foal written below and to have filled in this form truthfully. This examination has been commissioned by the owner of the foal.

## Basic foal information

Foal name Richmond  
 Sex Colt  
 Date of birth 19-apr.-21  
 Color Chestnut  
 Sire Vitalis  
 Dam Kazhara  
 Dam pedigree Negro x Jazz x Contango  
 Chipnumer (Foal/Mare) 52 821 00006479869

## Examination

1. General appearance	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
2. Skin	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Remarks	<hr/>	
3. Abnormalities eyes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
4. Abnormalities teeth	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
5. Abnormalities nose	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks	<hr/>	
6. Breathing	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Spontaneous coughing	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Nasal discharge	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks	<hr/>	
7. Digestion	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Remarks	<hr/>	

### 8. Circulatory system

Heart rate at rest  Normal  Abnormal

Heart rate after exercise  Normal  Abnormal

Remarks \_\_\_\_\_

### 9. Locomotive system

Abnormalities on hooves and legs  No  Yes

Abnormalities in walk and trot  No  Yes

Remarks \_\_\_\_\_

### 10. Indication for vices

No  Yes

### 11. Genitals

Abnormalities external genitals  No  Yes

Two testicals  No  Yes

Testicles descended  No  Yes

Remarks \_\_\_\_\_

### 12. Are there any other symptoms, abnormalities or defects?

If yes, which one(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Final conclusion

During the examination of the above mentioned foal I did not find abnormalities which are functional relevant to the purpose of its use.

Date: 4 september 2021

Place: Erp, The Netherlands

Name owner/commissioner W. de Korte

Signature \_\_\_\_\_

Name veterinarian

Dr. Maarten Aarts - Dierenartspraktijk De Meierij

Signature and stamp \_\_\_\_\_