



# 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                      Rochero  
 Sex                                Colt  
 Date of birth                 3-mei-21  
 Color                            Chestnut  
 Sire                               Borsalino  
 Dam                               Lady de Niro  
 Dam pedigree                De Niro x Florencio x Quattro  
 Chipnumber (Foal/Mare)    52 821 00065 67 525

## 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 R.J. Zomer

Signature \_\_\_\_\_

Name veterinarian Dr. Maarten Aarts - Dierenartspraktijk De Meerij

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