

EXAMINATION FORM FOAL

I, Dr. J. Stevens 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.

Information foal

Name	So Cool
Date of birth	15-03-2022
Sex	COIT
Sire	BORDEAUX
Damsire	PAINTED BLACK x CHARMEUR
Color	GREY
Chipnumber (Foal/Mare)	528210006562977

Examination

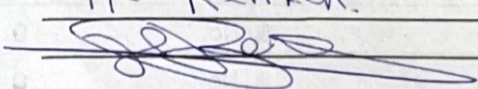
General appearance	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal
Skin	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal
Remarks		
Abnormalities eyes	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Abnormalities teeth	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Abnormalities nose	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Remarks		
Breathing	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal
Spontaneous coughing	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Nasal discharge	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Remarks		
Digestion	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal
Remarks		
Circulatory system		
Heart rate at rest	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal
Heart rate after exercise	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal
Remarks		


Locomotive system		
Abnormalities hooves and legs	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Abnormalities walk and trot	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Remarks		
Indication for vices	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Genitals		
External abnormalities	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Two testicles	<input type="radio"/> No	<input checked="" type="radio"/> Yes
Testicles descended	<input type="radio"/> No	<input checked="" type="radio"/> Yes
Remarks	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Are there any other symptoms, abnormalities or defects? if yes, which one(s)	<input checked="" type="radio"/> No	<input type="radio"/> Yes

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 08-07-2022
Place Vriescheloo

Name owner H. Renken
Signature 

Name veterinarian J. Steves
Signature and stamp 
Paardenpraktijk de Eemsmond
J. Steves
Dierenarts voor paarden
0641470176