

EXAMINATION FORM FOAL

I, Dr. NEAS GUS ANDERSEN 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	HELINS ALLIAND
Date of birth	30/9 2022
Sex	Colt
Sire	MILLENUM DE 409090043408
Damsire	RODANOV DM 1078
Color	Bay
Chipnumber (Foal/Mare)	MARE CHIPNUMBER: 208210000400816 HELINS DANCEA, 208333001201402

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

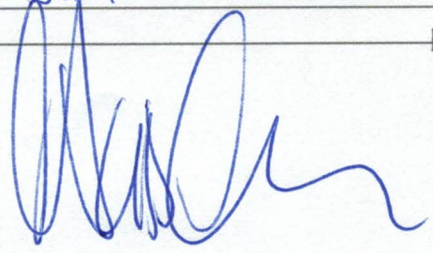
BOTH PRESENT IN SCROTUM

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 8/7 2022
Place ØSTLØ, DK

Name owner STAD HOLLING
Signature _____

Name veterinarian DR. NIELS GUSS ANDERSEN
Signature and stamp 

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