Examination report

I, Dr. EVELLINE....VAN....HoleE., declares to have examined the foal written below and to have filled in the form truthfully.

Name foal :	Apollo Optimus	sex:	stallion
Mother :	J'Adore		
Father :	Emerald	Day of birth:	25/03/2023
Color:	brown	Chip:	981100006085990
1. What is the	e nutritional condition, gener	ral appearance and sk	in of the foal?
ΩooΩ		***************************************	
2. Are there a	abnormalities to eyes, teeth	or nose? Is ther any m	ucus?
No			
3. Does the f	oal breath normal? Is there s	spontanous coughing	?
N.on.N	ı.A.L		
4. Are there	any signs which indicate a ba	ad or normal digestion	?
an			
5. What is th	e heart rate at rest and afte	r exercise?	
RIC	18 mi E: 34	Ini	
	any abnormaltities to legs o nes or joints?	r hooves, like differen	t feet, thikening of
No			
7. Are there	sign of lameness in walk and	d trot?	
N.VO			
8. Are there If yes, pleas	any other signs or / and renge discribe below.		licated?
Date: 4	100123		
	DECHEM		
Name: Signature:	Dr. Evelina VAN HO Broekhover 60 22V0 McMove 0476 39 20 27	Love 1	