## **Examination report**

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

Name foal :	Claude Optimus	sex:	stallion
Mother:	Gazelle de la Pomme		
Father:	Chacco Blue	Day of birth:	27/05/2023
Color :	brown	Chip:	981100004968674
1. What is the	nutritional condition, general	appearance and ski	n of the foal?
4000			
2. Are there a	bnormalities to eyes, teeth or	nose? Is ther any mi	ucus?
No			
3. Does the fo	al breath normal? Is there spo	ntanous coughing ?	
Nor.h.	s.L.		
4. Are there a	ny signs which indicate a bad o	or normal digestion?	
No			
	heart rate at rest and after ex		
<u> </u>	Inc. E: 841 n	- ·	
6. Are there ar tendons, bone	ny abnormaltities to legs or horses or joints?	oves, like different f	eet, thikening of
	gn of lameness in walk and tro		
8. Are there ar	ny other signs or / and remarks discribe below.		
Date: 41 A			
Name:			
Signature:	Dr. Eveline VAN HOVE Arrockhover 60 22V6 WHAT 22 J476 39 20 27		