Examination report

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

Name foal :	Adam Optimus	sex:	stallion
Mother:	Cortocina		
Father :	Emerald	Day of birth:	17/04/2023
Color :	brown	Chip:	981100006086248
1. What is the	e nutritional condition, gene	eral appearance and sk	in of the foal?
	abnormalities to eyes, teeth		
Nv2			
	foal breath normal? Is there		
Non	A.L		
4. Are there	any signs which indicate a b	oad or normal digestion	n?
No			
5. What is t	he heart rate at rest and aft	er exercise?	
Q :	461 m. i E : 7:	د ایمین	
6. Are there	e any abnormaltities to legs ones or joints?		
No			
7. Are ther	e sign of lameness in walk a	nd trot?	
1			
8. Are the	re any other signs or / and re ase discribe below.	emarks that must be in	dicated?
	NO123		
Name: Signature	Dr. Eveling VAI Brogger 22 V	N HOVE	