Examination report

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

Name foal :	Amerigo Optimus	sex:	stallion
Mother:	Tsarina Optima		
Father :	Emerald	Day of birth:	30/04/2023
Color :	darkbrown	Chip:	981100006086147
1. What is th	e nutritional condition, genera	al appearance and sk	in of the foal?
4001	<u> </u>		
	abnormalities to eyes, teeth o		
No.			
3. Does the	foal breath normal? Is there s	pontanous coughing	?
Non	MAL		
4. Are there	any signs which indicate a ba	d or normal digestion	1?
No			
	he heart rate at rest and after		
R:	48 1 mm E:	841mi	
	e any abnormaltities to legs o		
tendons, b	ones or joints?		
N.va			
7. Are ther	e sign of lameness in walk and	d trot?	
/			
8 Are the	re any other signs or / and rer	marks that must be in	dicated?
If yes, plea	ase discribe below.		
Date:			
	LOECHEM		
Name: Signature	Dr. Eyeline VAN Brookbeyer 22 W Galland 0476 39 20		