

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 : | Ariane Optima | sex : | mare |
| Mother : | Cortocina | | |
| Father : | Mosito van het Hellehof | Day of birth: | 14/06/2023 |
| Color : | grey | Chip: | 981100006086043 |

1. What is the nutritional condition, general appearance and skin of the foal?

GOOD

2. Are there abnormalities to eyes, teeth or nose? Is there any mucus?

NO

3. Does the foal breath normal? Is there spontaneous coughing ?

NORMAL

4. Are there any signs which indicate a bad or normal digestion?

NO

5. What is the heart rate at rest and after exercise?

R: 44/min E: 82/min

6. Are there any abnormalities to legs or hooves, like different feet, thickening of tendons, bones or joints?

1

7. Are there sign of lameness in walk and trot?

1

8. Are there any other signs or / and remarks that must be indicated?
If yes, please describe below.

1

Date: 4/10/23
Place: BROEHEM
Name:

Signature:

Dr. Eveline VAN HOVE
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