Examination report

I, Dr. SMELLINE.....M.N.....H.R.V.E..., declares to have examined the foal written below and to have filled in the form truthfully.

Name foal :	Electra Optima	sex:	mare
Mother:	Gazelle de la Pomme		
Father :	Emerald	Day of birth:	19/03/2023
Color :	brown	Chip:	981100004968785
1. What is the	e nutritional condition, gener	al appearance and sk	in of the foal?
L			
2. Are there	abnormalities to eyes, teeth	or nose? Is ther any m	ucus?
No			
3. Does the f	oal breath normal? Is there s	spontanous coughing	?
лон	1.AL		
4. Are there	any signs which indicate a ba	ad or normal digestion	17
	ne heart rate at rest and after		
796 G 1000 G 100 G			
6. Are there	any abnormaltities to legs ones or Joints?		
7. Are there	sign of lameness in walk and	d trot?	
/			
8. Are then	e any other signs or / and rer se discribe below.	marks that must be in	dicated?
/			
Date: 4	10/13		
Name: Signature:	Dr. Eveline VAN	HOVE	