Examination report

I, Dr. EXELINE. XA.N...thave......, declares to have examined the foal written below and to have filled in the form truthfully.

Name foal :	Medina Optima	sex:	mare
Mother:	Go Ahead DK Z		
Father:	Mosito van het Hellehof	Day of birth:	15/07/2023
Color :	darkbrown	Chip:	981100006086247
1. What is the	e nutritional condition, general a	appearance and sk	in of the foal?
koob			
2. Are there a	abnormalities to eyes, teeth or r	nose? Is ther any m	ucus?
NO			
3. Does the f	oal breath normal? Is there spo	ntanous coughing	?
Non.h	AL		
4. Are there	any signs which indicate a bad o	or normal digestion	1?
No			
5. What is th	ne heart rate at rest and after ex	ercise?	
n 4	8 Marin E 32 Lo	66.56r	
6. Are there tendons, bo	any abnormaltities to legs or ho nes or joints?	ooves, like differen	t feet, thikening of
No			
7. Are there	sign of lameness in walk and tr	ot?	
	e any other signs or / and remar se discribe below.	ks that must be inc	licated?
Date: 4 Place: 15.0 Name:	NOT L3		
Signature:	Dr. Eveline VAN HOVE		