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 :	**Daphne Optima**	**sex :**	**mare**
Mother :	**Cristel**		
Father :	**Ermitage Kalone**	**Day of birth:**	**22/05/2026**
Color :	**Chestnut**	**Chip:**	**981100006232001**

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

Good

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

/

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

Normal

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

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

R: 44/min E: 78/min

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

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

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

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Date: 20/10/2026
Place: BROECHEN

Name: EVELINE VAN HOVE
Signature:

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