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 :	**Diana Optima**	**sex :**	**mare**
Mother :	**Tsarina Optima**		
Father :	**Excelsior Optimus**	**Day of birth:**	**10/04/2026**
Color :	**Chestnut**	**Chip:**	**981100006232018**

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?

.....I.....

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

.....NORMAL.....

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

.....I.....

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?

.....I.....

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

.....I.....

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

.....I.....

Date: 20/10/2026
Place: BROELHEM

Name: EVELINE VAN HOVE
Signature:

Dr. Eveline Van Hove
Broekhoven 60
2200 Morkhoven
0476392027
N3972