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 :	**Dumas Optimus**	**sex :**	**stallion**
Mother :	**Cacacha van het Schaeck**		
Father :	**United Touch**	**Day of birth:**	**26/03/2026**
Color :	**Chestnut**	**Chip:**	**981100006231953**

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?

/

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

R: 44/min E: 72/min

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

/

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

/

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

/

Date: 19/01/2026
Place: BROECHEM

Name: EVELINE VAN HOVE
Signature:

Dr. Eveline Van Hove
Broekhoven 60
2200 Morkhoven
0476392027
N3972