

The foal being examined should be moved outside the stable to demonstrate soundness of limbs and freedom of movement. Careful observation should be made as to deviations in the position of the legs and teeth or other issues relevant to the health / wellbeing of the foal. PLEASE WRITE IN CLEAR CAPITAL

# VETERINARIAN FORM ZANGERSHEIDE AUCTION FOALS

The undersigned veterinary, \_\_\_\_\_, declares that the foal described below has been examined and that this form has been completed to the best of his/her knowledge.

Name foal: TAU RO CU X 2 Chip nr: /  
Gender:  colt  filly Date of birth: \_\_\_\_\_  
Color: VOS  
Pedigree: Sire: Tabelo Dam: Diamant de Semilly

Foal produced by:  AI  ET  ICSI

State of nutrition  good  normal  inadequate  
General Appearance  good  normal  inadequate  
Coat conditions  good  normal  inadequate  
Comments \_\_\_\_\_

2. Are there any defects in:  
Eyes  no  yes defects  
Teeth  no  yes defects overbite  no  yes  
Nose  no  yes defects  
Discharge from the nose  no  yes defects  
Comments \_\_\_\_\_

3. Is the respiration normal?  yes  no  
If not, what is the defect? \_\_\_\_\_  
Have you observed any spontaneous coughing?  no  yes  
Comments \_\_\_\_\_

4. Are there any symptoms which indicate a poor or abnormal digestion?  no  yes  
Comments \_\_\_\_\_

5. What is the state of the heartbeat and pulse at rest?  normal  aberrant  
Are there any heart murmurs?  no  yes

6. Are there any defects concerning the limbs and hooves such as defective hoof shape, thickening of tendons or bones or enlargement of any joints?  no  yes, see comments  
Are there any limb deformities?  no  yes, see comments  
Comments \_\_\_\_\_

7. Are there any defects of the external genitalia? If so, what are they?  no  yes  
If stallion: Testicles palpable?  yes, both  only left  only right  no, not palpable  
Comments \_\_\_\_\_

8. Is there any sign of an umbilical or an inguinal hernia?  no  yes  
Comments \_\_\_\_\_

9. Does the foal show defects in walk and/or trot? If yes, what are the defects?  no  yes  
Comments \_\_\_\_\_

10. Are there any other symptoms of sick ness, defects or faults that must be indicated for sales?  no  yes  
If so, which ones? \_\_\_\_\_  
Comments \_\_\_\_\_

Date: 30/06/2023  
Name: Bauer Chrissie

Place: Leel  
Signature and stamp: \_\_\_\_\_  
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