## VETERINARIAN FORM ZANGERSHEIDE AUCTION FOALS

The undersigned vetering been examined and that	t this form has bee	en completed to the	, declares t best of his/he	hat the foal desc er knowledge.		
Name foal: Gender: Color: Owner: City:	Ocolt Ofilly Grey M. Her Some	de Montro ndriks ven:	Date of bir	_ Chip nr: th: 2anger.	16 -0	1000 6647 Pd 4 - '23
1. How are: State of nutri General Appe Coat condition	earance	⊗ good	-	onormal normal	Ōi	nadequate nadequate nadequate
2. Are there any defects in:  Eyes Teeth Nose Discharge from the nose Comments			yes defe yes defe yes defe	ects ects	overbite mm	
3. Is the respiration nor		(a) yes	○ no			
Have you observed any spontaneous coughing?  Comments				⊗ no	) yes	
4. Are there any sympto Comments 5. What is the state of the				⊘ no	○ yes	bberant
Are there any heart m		ouise at rest and are		⊚ no		es
6. Are there any defects enlargement of any join Are there any limb de Comments	ts?	mbs and hooves such	as defective	hoof shape, thick  no  no	0)	ons or bones or yes, see comments yes, see comments
7. Are there any defects of the external genitalia? If so, what are they?						
If stallion: Comments	2 testicles	les s descended	Ø yes	○ no ○ no		
8. Is there any sign of an umbilical or a inguinal hernia?  Ono Oyes  Comments Small umbilical Remia						
9. Does the foal show do no Comments	efects in walk and,  yes  ————	or trot? If yes, what	are the defe	cts?		
10. Are there any other If so, which ones?  Oyes  Comments	symptoms of sick	ness, defects or faul	ts that must b	e indicated for sa	ales?	
Date: 14/04 Name: XAVE	123 A PEETER;	5	Place: Signature	Sovie	FREN,	NC
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