

# 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 : **El Matador Optimus** sex : **stallion**  
Mother : **Cristel**  
Father : **El Torreo de Muze** Day of birth: **9/03/2022**  
Color : **grey** Chip: **981100004878492**

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

..... Good .....

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

..... / .....

3. Does the foal breathe normal? Is there spontaneous 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: 48/min E: 78/min .....

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

..... / .....

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

..... / .....

8. Are there any other signs or / and remarks that must be indicated?

If yes, please describe below.

..... / .....

Date: 4/10/22

Place: BROECHEM

Name: EVELINE VAN HOVE

Signature:

Dr. Eveline VAN HOVE  
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