

## 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 : | <b>Katharina Optima</b>     | sex :         | mare                   |
| Mother :    | <b>Tsarina Optima</b>       |               |                        |
| Father :    | <b>Kasanova de la Pomme</b> | Day of birth: | <b>6/08/2023</b>       |
| Color :     | <b>brown</b>                | Chip:         | <b>981100006086134</b> |

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?

OVERBITE OF THE FRONT INCISOR TEETH => SEE PICTURE PAGE 2

3. Does the foal breathe normal? Is there spontaneous coughing?

NORMAL

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

NO

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

R: 48/min E: 62/min

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

1

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

1

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

1

Date: 4/10/23

Place: BROEHEM

Name:

Signature:

Dr. Eveline VAN HOVE  
Bioschooven 60  
2200 Melle, Belgium  
Van Hove  
4/10/23 20:27

