

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 : **Quelle Optima P** sex : **Mare**
Mother : **Go Ahead**
Father : **Quel Homme de Hus** Day of birth: **23/06/2022**
Color : **Brown** 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: 44/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: BLOECHEN
Name: EVELINE VAN HOVE
Signature:

Dr. Eveline VAN HOVE
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