Examination report

I, Dr. .. EVELINE....VAN....HOLE..., declares to have examined the foal written below and to have filled in the form truthfully.

	DD ADO ODEINALIO		
Name foal :	BRABO OPTIMUS	sex:	stallion
Mother:	Cacacha van het Schaeck		
Father:	Diamant de Semilly	Day of birth:	15/05/2024
Color:	chestnut dark	Chip:	981100006080381
1. What is the nutritional condition, general appearance and skin of the foal?			
2. Are there abnormalities to eyes, teeth or nose? Is ther any mucus?			
No.			
3. Does the foal breath normal? Is there spontanous 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?			
Rightmai E: 78/mi			
6. Are there any abnormaltities to legs or hooves, like different feet, thikening of tendons, bones or joints?			
)			
7. Are there sign of lameness in walk and trot?			
/		••••••	
8. Are there any other signs or / and remarks that must be indicated? If yes, please discribe below.			
/ /			
/		••••••	
Date: 18 1031			
Place: Brachey Name: EVECINE VAN HOVE			
Signature:			
Van	LENGUE VAN HOVE		