

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 :	BRUNO OPTIMUS	sex :	stallion
Mother :	Cristel M		
Father :	Excelsior Optimus	Day of birth:	5/03/2024
Color :	chestnut	Chip:	981100006080664

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?

NO.....

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: 44/min E: 38/min.....

6. Are there any abnormalities to legs or hooves, like different feet, thickening 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 describe below.

/.....

Date:

Place: BRUCEHEM

Name: EVELINE VAN HOVE

Signature:

Vanhove
Dr. Eveline VAN HOVE
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