

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 :	ESMERALDA OPTIMAZ	sex :	mare
Mother :	Kassandra Optima		
Father :	Emerald van 't Ruytershof	Day of birth:	29/02/2024
Color :	chestnut	Chip:	981100006080263

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?

1.....

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

R: 48/min E: 84/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.

UMBILICAL HERNIA.....

Date:

Place: Broekhoven

Name: EVELINE VAN HOVE

Signature:

Van Hove
EVELINE VAN HOVE
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2250 Mookhoven
033 99 20 27