

# 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 :	SALVATOR OPTIMUS	sex :	stallion
Mother :	Jillonse DH		
Father :	Stakkato	Day of birth:	11/03/2024
Color :	brown	Chip:	981100006080549

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?

/.....

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

R: 48 l/min E: 72 l/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: BROELHEM

Name: EVELINE VAN HOVE

Signature:

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EVELINE VAN HOVE  
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