

VETERINARIAN CERTIFICATE

The undersigned veterinarian \_\_\_\_\_ declares that the foal described below has been examined and the form has been completed at the best of his/her knowledge.

Name foal: NYHERIA C Z

Gender: colt  filly

Date of birth: 26/06/2021

Color: CHESTNUT

Pedigree: NIXON VAN'T HEULENHOF  
 x  
AREZZO VDL

1. How are:

State of nutrition	<input checked="" type="radio"/> good	normal	inadequate
General Apperance	<input checked="" type="radio"/> good	normal	inadequate

2. Are there any defects in:

Eyes	yes	<input checked="" type="radio"/> No	
Teeth	Yes	<input checked="" type="radio"/> No	Overbite <u>2</u> mm
Nose	Yes	<input checked="" type="radio"/> no	

3. Is the respiration normal?  Yes No

If not, what is the defect? \_\_\_\_\_

4. Is the status of heartbeat and pulse normal?  Yes No

Comments \_\_\_\_\_

5. Are there any defects concerning the limbs and hooves such as defective hoof shape, thickening of tendons or bones or enlargement of any joint ?

Yes

No

Comments \_\_\_\_\_

6. Does the foal show regularity in walk and trot ? If not, what are the defects ?

Yes

No

Comments \_\_\_\_\_

7. Are there any symptoms of sickness, defects or faults that must be indicated for sale ?

Yes

No

Comments \_\_\_\_\_

Date 11/07/2021

Place SAN PIETRO DI MORUBIO (VR)

Name BENFENATI MARTINA

Signature: \_\_\_\_\_



**BENFENATI Dott.ssa MARTINA**

*Medico Veterinario*

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