## VETERINARIAN FORM ZANGERSHEIDE AUCTION FOALS

The undersigned been examined	d veterinary, and that this form	Dr FMC has been comple	Hen ,		at the foal desc knowledge.	ribed belo	w has
Name foal: Gender: Color: Owner: City:	O colt			Date of birt Pedigree:	Chip nr: h:	16/0	4/2021
Gene Coat	e of nutrition eral Appearance conditions ments	() g () g () g	pod		○ normal ○ normal ○ normal		<ul><li>○ inadequate</li><li>○ inadequate</li><li>○ inadequate</li></ul>
	h	(i) n (i) n (ii) n se	0 (	<ul><li> yes defec</li><li> yes defec</li><li> yes defec</li><li> yes defec</li></ul>	ts ts	overbite	e () no () yes
3. Is the respirat	tion normal? t, what is the defe	ct?	es	○ no			
,*)	served any sponta nments	neous coughing?	*		<ul><li>no</li></ul>	○ yes	· · · · · · · · · · · · · · · · · · ·
4. Are there any symptoms which indicate a poor or abnormal digestion?							
5. What is the state of the heartbeat and pulse at rest and after trot?  Are there any heart murmurs?  Ono  yes							
enlargement of  Are there any			ooves such as	s defective h	oof shape, thicl  no  no	kening of t	endons or bones or  yes, see comments  yes, see comments
7. Are there any defects of the external genitalia? If so, what are they?    yes							
	allion:	testicles descende	ed Oye	es, both	only left (	only right	Ono, not descended
8. Is there any sign of an umbilical or an inguinal hernia?  one yes Comments							
9. Does the foal show defects in walk and/or trot? If yes, what are the defects?  One yes  Comments							
If so, which or		s of sick ness, defe	cts or faults t	hat must be	indicated for sa	ales?	
Date:	13/09/2. Maken	1		Place: Signature a	laugh nd stamp:	ter tert	EQUIVET BVRA

Werstraat 127 3510 Spalbeek