

The undersigned veterinary, JOSIP KOBLAR, declares that the foal described below has been examined and that this form has been completed to the best of his/her knowledge.

Name foal: EXCALIBUR STAR 2 Chip nr: 191100000942159
Gender: colt filly Date of birth: 25/04/2020
Color: BAY Pedigree: ZANGERSHEIDE
Owner: _____
City: _____

1. How are:
State of nutrition good normal inadequate
General Appearance good normal inadequate
Coat conditions good normal inadequate
Comments _____

2. Are there any defects in:
Eyes no yes defects
Teeth no yes defects overbite mm
Nose no yes defects
Discharge from the nose no yes defects
Comments _____

3. Is the respiration normal? yes no
If not, what is the defect? _____
Have you observed any spontaneous coughing? no yes
Comments _____

4. Are there any symptoms which indicate a poor or abnormal digestion? no yes
Comments _____

5. What is the state of the heartbeat and pulse at rest and after trot? normal abberant
Are there any heart murmurs? no yes

6. Are there any defects concerning the limbs and hooves such as defective hoof shape, thickening of tendons or bones or enlargement of any joints? no yes, see comments
Are there any limb deformities? no yes, see comments
Comments _____

7. Are there any defects of the external genitalia? If so, what are they? no yes
If stallion: 2 testicles yes no
testicles descended yes no
Comments _____

8. Is there any sign of an umbilical or a inguinal hernia?
 no yes
Comments _____

9. Does the foal show defects in walk and/or trot? If yes, what are the defects?
 no yes
Comments _____

10. Are there any other symptoms of sick ness, defects or faults that must be indicated for sales?
If so, which ones?
 yes no
Comments _____

Date: 05/04/2021
Name: JOSIP KOBLAR
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Place: Zagreb, Draškovića 95A
Signature and stamp: _____

JOSIP KOBLAR dr. med. vet.
ovlaštenik veterinar broj 2160