

The undersigned veterinary, LE CALVE Marine 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: KANSAS PEEUENON ? Chip nr: 250 259 806 235 585  
Gender:  colt  filly Date of birth: 16/02/2020  
Color: Bai Pedigree: ?

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  aberrant  
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: 27/05/2020  
Name: LE CALVE Marine

Place: Ecuries de Couzelles  
Signature and stamp: CLINIQUE VETERINAIRE EUROLIA  
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