been examined and that this form has been completed to the best of his/her knowledge. Name foal: MAMZELLE ROUTON AS Gender: Ocolt & filly Date of birth: Color: aletane Pedigree: Solle 1. How are: State of nutrition ○ inadequate Onormal 🚫 good General Appearance ⊗ good Onormal ○ inadequate Coat conditions O inadequate Ø good Onormal Comments 2. Are there any defects in: Eyes Oyes defects Teeth O overbite mm 🔊 no Oyes defects Nose @ no Oyes defects Discharge from the nose Oyes defects reant Comments 3. Is the respiration normal? **x** yes Ono If not, what is the defect? Have you observed any spontaneous coughing? O yes Ø no Comments Ano 4. Are there any symptoms which indicate a poor or abnormal digestion? O yes normal O abberant 5. What is the state of the heartbeat and pulse at rest and after trot? Are there any heart murmurs? Ø10 O yes 6. Are there any defects concerning the limbs and hooves such as defective hanf shape, thickening of tendons or bones or enlargement of any joints? \otimes no O yes, see comments Øno. Are there any limb deformities? yes, see comments Comments 7. Are there any defects of the external genitalia? If so, what are they? Ø10 O yes Ono H-stallion: 2 testicles Oyes testicles descended Oyes Ono Comments 8. Is there any sign of an umbilical or a inguinal hernia? Ono small untitied bernia bole Comments Does the foal show defects in walk and/or trot? If yes, what are the defects? O yes Øno 10. Are there any other symptoms of sick ness, defects or faults that must be indicated for sales? If so, which ones? Oyes learned des Porces Place: Signature and stamp: Name: S. TRINDADE Doctour Voterinairo - 31161 31, rue d'Argentré - 61500 SÉES Tél. 02 33 27 80 70

The undersigned veterinary, DETRINDARE Sofice, declares that the foal described below has