

Please note that this is not the original veterinarian form, this is a retyped version.
The original and signed form can be requested at the organisation.



VETERINARIAN FORM FOAL AUCTION PRINSJESDAG 2017

The undersigned, veterinary at _____, 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: _____

gender: colt filly **date of birth:** _____

color: _____ **pedigree:** _____

owner: _____

city: _____

1. How are:

State of nutrition	<input type="radio"/> good	<input type="radio"/> normal	<input type="radio"/> inadequate
general appearance	<input type="radio"/> good	<input type="radio"/> normal	<input type="radio"/> inadequate
Coat condition	<input type="radio"/> good	<input type="radio"/> normal	<input type="radio"/> inadequate
Comments.....		

2. Are there any defects in:

eyes	<input type="radio"/> yes	<input type="radio"/> no	
teeth	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> overbite mm
nose	<input type="radio"/> yes	<input type="radio"/> no	
discharge from the nose	<input type="radio"/> yes	<input type="radio"/> no	
comments.....		

3. Is the respiration normal?

yes no

If not, what is the defect?

Have you observed any spontaneous coughing? yes no

comments.....

4. Are there any symptoms which indicate a poor or abnormal digestion?

yes no

comments.....

5. What is the state of the heartbeat and pulse at rest and after trot? normal aberrant

comments.....

6. What defects are there concerning the limbs and hooves such as defective hoof shape, thickening of tendons or bones or enlargement of any joints? no yes defects

comments.....

7. Are there any defects of the external genitalia? If so, what are they?

yes no

if stallion: 2 testicles yes no

testicles descended yes no

comments.....

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

yes no

comments.....

9. Are there any other symptoms of sickness, defects or faults? If so, which ones?

yes no

opm.

date: _____ **at (place):** _____

name: _____ **signature:** _____