



The undersigned veterinary, **STEVENS VICKY**, 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 **YAMOS VAN'T RECHT EIND**
 Gender colt filly
 Color **BROWN**
 Owner **DHAESE - VAN DRAHE**

Chip nr **SEM 0004211528**
 Date of birth **13/05/21**
 Pedigree **CORYDON X ORLANDO**

1) How are:

- a. State of nutrition good normal inadequate
- b. General Appearance good normal inadequate
- c. Coat conditions good normal inadequate
- d. Comments

2) Are there any defects in:

- a. Eyes no yes defects
- b. Teeth no yes defects
- c. Nose no yes defects

3) Is the respiration normal? yes no
 If not, what is the defect?

4) What is the state of the heartbeat and pulse at rest and after trot? normal aberrant

5) 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
 Comments

6) 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
 a. If stallion: 2 testicles no yes
 testicles descended no yes
 b. Comments

8) Is there any sign of an umbilical or a lingual 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 & place: **17/08/21**
Waasland

Name: **STEVENS VICKY**
 Signature:
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