

Clinical Examination Report Auction Foal



ZANGERSHEIDE

Name Foal: Cappuchino vlt Date of birth: 23/03/2026
 Chipnumber: 981100006260638 ^{Aegnoschor Z} Sex: colt filly
 Sire: Contagio Z Dam's Sire: Charisto vld deffinck
 Color: brown

1. General condition

State of nutrition	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
General appearance	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
Coat condition	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Normal	<input type="checkbox"/> Inadequate
Remarks	_____		

2. Are there any defects in

Eyes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Teeth	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Overbite	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (upper and lower teeth DON'T touch)
Nose	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Discharge from the nose	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks	_____	

3. Is the respiration normal?
If not, describe?

No Yes

Have you observed any spontaneous coughing? No Yes
 Remarks _____

4. Are there any symptoms which may indicate a poor or abnormal digestion? No Yes
 Remarks _____

5. Is the heartbeat at rest normal? No Yes
 Are there any heart murmurs? No Yes

6. Are there any abnormalities such as abnormal hoof shape, soft or hard tissue swelling or joint effusions? No Yes
 Are there any limb deformations? No Yes
 Remarks _____

7. Are there any defects of the external genitalia? If so, what are they? No Yes
 If stallion: Testicles palpable? No Yes Only left Only right
 Remarks _____

8. Is there any sign of an umbilical or an inguinal hernia? No Yes
 Remarks _____

9. Does the foal show gait abnormalities? No Yes
 If yes what are the abnormalities? _____

10. Are there any other significant clinical signs present that must be indicated to your opinion?

No Yes: _____

Date of the examination

28/6/26

Name of veterinarian

Dr Spits RA

Signature, stamp of veterinarian

DAP Damsveld
Dr Spits RA
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