

Clinical Examination Report Auction Foal



Name Foal: JENIAL DE LEAU 2 Date of birth: 14/03/2026
 Chipnumber: 981100004431774 Sex: colt filly
 Sire: J-NIUS V.V.2 Dam's Sire: OPIMUM JW VAN DE MOERHOEVE
 Color: Bay

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	<u>small overbite, teeth touch,</u>	

3. Is the respiration normal?

If not, describe? _____
 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: _____

29/6/26
 Date of the examination

Boelens Boudien
 Name of veterinarian

Dierenarts Boudien Boelens
 Dorpsstraat 22
 3350 Melkwezer
 Ordnummer: N5143

 Signature, stamp of veterinarian