

Clinical Examination Report Auction Foal

Name Foal: CAPUCCINO BN Z Date of birth: 04-05-2026Chipnumber: 981100006185267Sex: ☒ colt ☐ fillySire: CONTAGIO ZDam's Sire: Thunder v/d ZynthoereColor: BAY

1. General condition

State of nutrition

☒ Good☐ Normal☐ Inadequate

General appearance

☒ Good☐ Normal☐ Inadequate

Coat condition

☒ Good☐ Normal☐ Inadequate

Remarks

2. Are there any defects in

Eyes

☒ No☐ Yes

Teeth

☒ No☐ Yes

Overbite

☒ No☐ Yes (upper and lower teeth DON'T touch)

Nose

☒ No☐ Yes

Discharge from the nose

☒ No☐ Yes

Remarks

3. Is the respiration normal?

☐ No☒ Yes

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 ☒ YesAre there any heart murmurs? ☒ No ☐ Yes6. Are there any abnormalities such as abnormal hoof shape, soft or hard tissue swelling or joint effusions? ☒ No ☐ YesAre there any limb deformations? ☒ No ☐ Yes

Remarks

7. Are there any defects of the external genitalia? If so, what are they? ☒ No ☐ YesIf 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:18.07.26.

Date of the examination

Cy: de Bourdeaud'huy

Name of veterinarian

Signature, stamp of veterinarian

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