Clinical Examination Report Auction Foal

ZANGERSHEIDE

Name Foal: URAKANO de CASTEL Date of birth: 31/05/2026

Chipnumber: 250258500461248 Sex: ☒ colt ☐ filly

Sire: _____ Dam's Sire: 22240139 K

Color: Pie

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 ☒ Yes

Are there any heart murmers? ☒ 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 Hematoma subtendinous extensor bursa on Right front limb.

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: _____

13.07.2026 LOISEAU Dr Hubert LOISEAU Vétérinaire 1147650 45270 LADON 02.38.95.[illegible].04

Date of the examination | Name of veterinarian | Signature, stamp of veterinarian