

VETERINARIAN FORM KATTENHEVE AUCTION BROODMARES

DOKTER M. SCHEPERS

DIERENARTS

DORPSLAAN 19
9070 HEUSDEN

I, undersigned veterinary Dr. declare to have examined the recipient mare written below and to have filled in the form truthfully.

Name mare: Atkema v/d Dendrocyte
Chipnumber: 967000001057994

In foal of: not pregnant
Expected birth date: _____

1. How are:
State of nutrition ☒ good ☐ inadequate
General Appearance ☒ good ☐ inadequate
Coat conditions ☒ good ☐ inadequate

2. Are there any defects in:
Eyes ☒ no ☐ yes, see comments
Teeth ☒ no ☐ yes, see comments
Nose ☒ no ☐ yes, see comments
Discharge from the nose ☒ no ☐ yes, see comments

3. Is the respiration normal? ☒ yes ☐ no, see comments
If not, what is the defect? _____

4. Have you observed any spontaneous coughing? ☒ no ☐ yes, see comments
Comments _____

5. Are there any symptoms which indicate a poor or abnormal digestion? ☒ no ☐ yes, see comments
Comments _____

6. What is the state of the heartbeat and pulse at rest and after trot? ☒ normal ☐ aberrant
Comments suboptimal endorgaan

7. Are there any defects of the external genitalia? ☒ no ☐ yes, see comments
Comments _____

8. What defects are there 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 _____

9. Are there any other symptoms of sickness, defects or faults that must be indicated for sales? ☒ no ☐ yes, see comments
Comments _____

The examined mare has had her basic vaccination against Equine Influenza/Tetanus and after that has been annually vaccinated. ☒ yes ☐ no
The examined mare has had her basic vaccination against Rhinopneumonia and after that has been vaccinated (at least) every half year. Last vaccination date: 06/12/12
The undersigned declares, having controlled the above mare on gestation through ultrasound. Last vaccination date: 05/06/12
The mare is pregnant and she is considered to be a normal risk to carry the foal to full term. positive, 02/09/12

Date and Place: _____

Signature and stamp:

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