## VETERINARIAN FORM KATTENHEYE AUCTION FOALS

The undersigned veterinary. SCHEPENS MARTIN declares that the foal described below has been examined and that this form has been completed to the best of his/her knowledge.

Name foal: COMTESSE - K van  Gender: Ocolt ofilly  Color: GREY				Date of birth:		9311000497238		
				Pedigree:	Contraes	o x	to Poissond'I	
Owner:		Mieke Raman -	Kattenheye"		. 0			
City:	<u>Laarne</u> -	Belgium						
1. How are	0.							
1. 110W all	State of nutrition		a good		Onarmal		O incidentials	
	General Appearance		good good		Onormal		○ inadequate	
	Coat conditions		good		Onormal		○ inadequate	
	Comments		good	4	normal	Photo Contract	○ inadequate	
	Comments	-						
2. Are the	re any defects in:							
4.4	Eyes version		no i	yes defe	cts			
	Teeth	har (	no	O yes de e	cts	overbite 2 mm		
	Nose		ono no	O yes dete	cts			
	Discharge from the no	se (	no	O ves defe	cts			
	Comments							
200				251911				
	espiration normal?		yes	O no				
	If not, what is the defe	ct?						
Have yo	ou observed any sponta Comments	neous coughin	g?		no .	O yes		
4. Are then	re any symptoms which Comments	indicate a poo	or abnormal	digestion?	na	) yes		
	the state of the heartber e any heart murmurs?	eat and put a	rest and after	ricor?	non no	,	abberant yes	
enlargeme	re any defects concerning to fany joints? re any limb deformities Comments		d hooves such	as defective h	noof shape, thick no no	ening of te	ndons or bones or  yes, see comments  yes, see comments	
7. Are ther	re any defects of the ext	ternal genitalia	? If so, what ar	e they?	no no		) yes	
				7				
	If stallion:	2 testicles		*O yes	Ono			
		testicles desce	ended-	(a) yes	Ono			
	Comments	***************************************						
2 Is there	any sign of an umbilical	or a inquiral h	ornia?					
	no ves						The second	
9 Does the	faal show defects in w	alk and/or toot	2 If you what a		-2			
	foal show defects in w	raik and/or trot	r II yes, what a	ire the defect	5?	Jan.		
	ono yes Comments			8 1 m				
10. Are the	ere any other symptoms ch ones?	of sick ness, d	efects or faults	that must be	indicated for sa	les?		
	O yes refects no ext	ternal s		Santon			\	
	Comments	Congression Congre						
	-1				0		CHEPENS	
Date:	30 58 208	13,		Place:	Tobbel	to 1. 0	CHELENS	
Name:	SCHIEPENS	MARTI	N	Signature ar		FEREN!	AK 3	
				. 4.	DOF	PSLAA	119	