VETERINARIAN FORM KATTENHEYE AUCT I, undersigned veterinary Dr. DORPSLAAN 19 declare to have examined the recipient man written below and prhave fill edin the form truthfully. Name recipient mare: 950 25 2500 13 53 21 Chipnumber: In foal of: Sire: Dam: Expected birth date embryo: Embryo produced by:) ICSI 1. How are: State of nutrition good good normal O inadequate General Appearance **B** good ○ inadequate Onormal Coat conditions good good Orormal ○ inadequate Comments 2. Are there any defects in: mare Eves () yes no abnormalities Teeth O yes no abnormalities Nose no abnormalities () yes Discharge from the nose no abnormalities O yes Comments 3. Is the respiration normal? yes yes no, see comments If not, what is the defect? 4. Have you observed any spontaneous coughing? no Eyes, see comments Comments 5. Are there any symptoms which indicate a poor or abnormal digestion? O yes, see comments Comments 6. What is the state of the heartbeat and pulse at rest and after tret? 7. Are there any defects of the external genitalia? no no yes, see comments Comments 8. Are there any other symptoms of sickness, defects or faults that must be indicated for sales? If so, which ones? yes, see comments Comments The examined mare has had her basic vaccination against Equine Influenza/Tetanus and after that has been annually vaccinated O yes no against Equine Influenza/Tetanus The examined mare has had her basic Vaccination against Rhinopneumonia and after that has been vaccinated (at least) O yes Ono annually against Rhinopneumonia The undersigned veterinary declares, having controlled the above mare on gestation through ultrasound. The mare is pregnant and she is considered to be a normal risk to carry the foal to full term. Date and Place: Signature and stamp: