VETERINARIAN FORM KATTENHEYE AUCTION BROODMARES

I, undersigned veterinary Dr.			and to have t	Ciliad in Aba farm	A. Abf. II.
declare to have examined the	recipient mare w	ritten bei	ow and to have i	filled in the form	trutniully.
Name mare:	INDAA	vd	ponute	EVE	1,70m
Chipnumber:	367 000	000 1	528419		
	_	n 4 .	0 1	, /	
In foal of:	Emeral	d 1	Luyher	shof	
Expected birth date:	15 3	23			
1. How are:		1			
State of nutrition	good		normal		○ inadequate
General Appearance	good		normal		inadequate
Coat conditions	good		@normal		inadequate
Comments					
2. Are there any defects in:					
Eyes	(no	○ yes, se	e comments		
Teeth	no no	○ yes, se	e comments		
Nose	no no	○ yes, se	e comments		
Discharge from the nose	no	○ yes, se	e comments		
Comments	The state of		Salas II		
3. Is the respiration normal?		yes	O no, see com	ments	
If not, what is the defect?	T- 1 - 200m				
4. Have you observed any spor	ntaneous coughir	ng?	no no	O yes, see com	iments
Comments	128-1-18				
5. Are there any symptoms wh	ich indicate a po	or or abn	ormal digestion?	no	yes, see comments
Comments					
6. What is the state of the hea	rtbeat and pulse	at rest an	d after trot?	normal	abberant
Comments			1		
7. Are there any defects of the	external genitali	a?	no	oyes, see com	iments
Comments					
8. What defects are there cond				_	
of tendons or bones or enlarge Comments	ement of any join	its?	Ono	yes, see com	iments
9. Are there any other symptom If so, which ones?	ms of sickness, d		aults that must b	oe indicated for s	ales?
Commonts \.o.	Selvero il	1	8.0A D:	hou	wo problem
The examined mare has hed he		1	t Equina	yes	○no ·
Influenza/Tetanus and after that has been annually vaccinated. Last vaccination date: 06/19/191					
The examined mare has had her basic vaccination against Rhino-					
Pneumonia and after that has been vaccinated (at least) every half year. Last vaccination date: 00 00 29					
The undersigned declares, having controlled the above mare on gestation through ultrasound.					
The mare is pregnant and she is considered to be a normal lisk to carry the foal to full term.					
Date ar	nd Place:	*	exprue,	02/09	22
Signatu	re and stamp:		1,1		
5.51000	Sch	epens Ma	rtin		

Dorpslaan 19 9070 Heusden Tel 09/230.47.52