

VETERINARIAN FORM KATTENHEYE AUCTION BROODMARES

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

Name mare: CHLOË-K van Kattenheye
 Chipnumber: 921100004345014

In foal of: _____
 Expected birth date: _____

1. How are:
 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, see comments
 Teeth no yes, see comments
 Nose no yes, see comments
 Discharge from the nose no yes, see comments
 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 _____

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?
 If so, which ones? no yes, see comments
 Comments _____

The examined mare has had her basic vaccination against Equine yes no
Influenza/Tetanus and after that has been annually vaccinated. Last vaccination date: _____
 The examined mare has had her basic vaccination against yes no
Pneumonia and after that has been vaccinated (at least) every half year. Last vaccination date: _____

The undersigned 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: Loosdrecht, 30/08/23
 here (in the morning) _____ such as (in the afternoon) _____

Signature and stamp: [Signature]
 DOKTER SCHEPENS
 DIERENARTS
 DORPSLAAN 19
 HEUSDEN 9070