

VETERINARIAN FORM KATTENHEVE AUCTION BROODMARES

DOKTER M. SCHREPPERS
DIERENARTS
DORPSLAAN 19
8070 HEUSDEN

I, undersigned veterinary Dr.

declare to have examined the recipient mare written below and to have filled in the form truthfully.

Name mare:

Chipnumber:

In foal of:

Expected birth date:

1. How are:

State of nutrition

General Appearance

Coat conditions

Comments

2. Are there any defects in:

Eyes

Teeth

Nose

Discharge from the nose

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?

☒ 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.

The examined mare has had her basic vaccination against Rhino-

☒ yes

☐ no

Pneumonia 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.

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:

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