

VETERINARIAN FORM KATTENHEVE AUCTION BROODMARES

DIERENARTS
Dorpslaan 19
9070 Heusden
Tel 09/230.47.52

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

Name mare: FLASH DANCE
Chipnummer: 98110000 6504 86

1,67m

CIGARET JHT
4/4/2023

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

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

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

5. Are there any symptoms which indicate a poor or abnormal digestion? ☒ no ☐ yes, see comments

6. What is the state of the heartbeat and pulse at rest and after trot? ☒ normal ☐ aberrant

7. Are there any defects of the external genitalia? ☒ no ☐ yes, see 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

9. Are there any other symptoms of sickness, defects or faults that must be indicated for sales? ☒ no ☐ yes, see comments

If so, which ones?

Comments

The examined mare has had her basic vaccination against Equine

☒ yes ☐ no

Last vaccination date: 06/12/21

Influenza/Tetanus and after that has been annually vaccinated.

☒ yes ☐ no

Last vaccination date: 05/06/22

The examined mare has had her basic vaccination against Rhino-

☒ yes ☐ no

Last vaccination date: 05/06/22

Pneumonia and after that has been vaccinated (at least) every half year.

Last vaccination date: 05/06/22

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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