

## Examination Form Pregnant Mare

Global Dressage Auction 2021

I, M. Schindler declare to have examined the mare written below and to have filled in this form truthfully.

### Basic information regarding the mare and the pregnancy

Name Karmelita  
 Birth date 24.03.15  
 Breed and type KWPN Dressurpferd  
 Chip number 528210004167492  
 The mare is in foal to the stallion Total Mc Laren  
 Or of an embryo by .....(sire) x .....(dam)  
 Date of insemination/transfer of the embryo 26.6.2020  
 Owner mare Knauf, Ralf 42781 Haan  
 Place (address) where the mare is kept Meyer Wermor Osterhaak 4  
49696 Ermke

### Examination

1. General appearance  normal  abnormal  
 2. Skin  normal  abnormal

Remarks: .....

3. Abnormalities eyes  no  yes  
 4. Abnormalities teeth  no  yes  
 5. Abnormalities nose  no  yes

Remarks: .....

6. Breathing  normal  abnormal  
     Spontaneous coughing  no  yes  
     Nasal discharge  no  yes

Remarks: .....

7. Digestion  normal  abnormal

Remarks: .....

8. Circulatory system  normal  abnormal  
 Heart rate at rest  normal  abnormal  
 Heart rate after exercise  normal  abnormal

Remarks: .....

9. Locomotive system  
 Abnormalities on hooves and legs  no  yes  
 Abnormalities in walk and trot  no  yes

Remarks: .....

10. Indication for vices  no  yes

Remarks: .....

11. Genitals  
 External abnormalities  no  yes  
 Has the vulva been sutured  no  yes

Remarks: .....

12. The recipient mare was found pregnant by ultrasound  
 of a fetus normally appearing and fitting to the expected  
 gestational length  yes  no

Remarks: .....

13. The mare has had her basic vaccinations against Equine Influenza/Tetanus and after that has been annually  
 vaccinated against Influenza/Tetanus. And the mare has (as far as applicable at this moment) been  
 vaccinated against Rhinopneumonia in the 5<sup>th</sup> and the 7<sup>th</sup> and the 9<sup>th</sup> month of the gestation.

yes  no

Remarks: .....

**Final conclusion**

During the examination of the above-mentioned pregnant mare I did not find any abnormalities which are functional relevant to the purpose of her use.

Date ..... 15.01.2021 .....

Place ..... Erinke .....

Name veterinarian ..... 9A Maria Schindler .....

Signature veterinarian .....  .....

Place stamp here

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