EXAMINATION FORM FOAL

I, Dr. _____ declare to have examined the foal written below and to have filled in this form truthfully. This examination has been commissioned by the owner of the foal.

Information foal

Name	
Date of birth	
Sex	
Sire	
Damsire	
Color	
Chipnumber (Foal/Mare	

Examination

General appearance	O Normal	O Abnormal
Skin	O Normal	O Abnormal
Remarks		
Abnormalities eyes	O No	O Yes
Abnormalities teeth	O No	O Yes
Abnormalities nose	O No	O Yes
Remarks		
Breathing	O Normal	O Abnormal
Spontaneous coughing	O No	O Yes
Nasal discharge	O No	O Yes
Remarks		
Digestion	O Normal	O Abnormal
Remarks		
Circulatory system		
Heart rate at rest	O Normal	O Abnormal
Heart rate after exercise	O Normal	O Abnormal
Remarks		

Locomotive system		
Abnormalities hooves and legs	0 No	0 Yes
Abnormalities walk and trot	0 No	0 Yes
Remarks		
Indication for vices	0 No	0 Yes
Genitals		
External abnormalities	0 No	0 Yes
Two testicles	0 No	0 Yes
Testicles decended	0 No	0 Yes
Remarks	0 No	0 Yes
Are there any other symptoms, abnormalities or defects? if yes, which one(s)	0 No	0 Yes

Final conclusion

During the examination of the above- mentioned foal I did not find abnormalities which are functional relevant to the purpose of its use.

Date _____
Place _____

Name owner _____
Signature _____

Name veterinarian _____
Signature and stamp _____