

## Examination report Kattenheye Auction Broodmares

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

Name mare: FATIMA VD DONKHOEVE (31/5/200  
Chipnumber: 96700001153580

In foal of: CARRERA VDL  
Expected birth date: 6/4/22

1. How are:

State of nutrition	<input checked="" type="radio"/> good	<input type="radio"/> normal	<input type="radio"/> inadequate
General Appearance	<input checked="" type="radio"/> good	<input type="radio"/> normal	<input type="radio"/> inadequate
Coat conditions	<input checked="" type="radio"/> good	<input type="radio"/> normal	<input type="radio"/> inadequate

Comments \_\_\_\_\_

2. Are there any defects in:

Eyes	<input checked="" type="radio"/> no	<input type="radio"/> yes, see comments
Teeth	<input checked="" type="radio"/> no	<input type="radio"/> yes, see comments
Nose	<input checked="" type="radio"/> no	<input type="radio"/> yes, see comments
Discharge from the nose	<input checked="" type="radio"/> no	<input type="radio"/> 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  abberant

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 Influenza/Tetanus** and after that has been annually vaccinated.  yes  no

Last vaccination date: 6/12/18

The examined mare has had her basic vaccination against **Rhino-Pneumonia** and after that has been vaccinated (at least) every half year.  yes  no

Last vaccination date: 1/6/21

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: \_\_\_\_\_