EQUESTRIAN-AUCTIONS.COM

The undersigned veterinary, _____ , declares that the foal described below has been examined and that this form has been completd to the best of his/ her knowledge.

Name foal : ENDLESS STORY Z

Genter: colt - (filly) Date of Birth: 25.04.2025

Color: CHESNUT Pedigree(ffm): ERMITAGE WALOVE x STACCATO

Owner: DOMINIK JAWORSKI

Residence: WOLNA WOLA 12 ; 26-652 ZAWIEW

1. How are:

State of nutrition	(good)	-	normal	-	inadequate
General Appearance	(good)	-	normal	-	inadequate
Coat cconditions	(good)	-	normal	-	inadequate

Comments : _____

2. Are theye any defects in:

Eyes	yes	-	(no)	
Teeth	yes	-	(no)	if overbite: _____mm
Nose	yes	-	(no)	
Discharge from the noose	yes	-	(no)	

Comments : _____

3. Is the respiration normal? (yes) - no

If not explain: _____

Have you observed any coughing yes - (no)

4. Are there any symptoms which indicate a poor or abnormal digestion? yes - (no)

Comments : _____

5. What is the state of the heartbeat and pulse at rest and after trot? (Normal) - abberant

Are there any heart murmurs? yes - (no)

6. What defects are there concerning the limbs and hooves ? yes - (no defects)

Are there any limb deformities? yes - (no)

Comments : _____

7. Are there any defects of the external genitalia?

Comments : NO

If Stallion: 2 testicles: ~~yes - no~~

If Stallion: testicles descendend ~~yes - no~~

8. Does the foal show defects in walk and/or trot? If yes what are the defects? yes - (no)

Comments : _____

9. Are there any other symptoms of sickness, defects or faults? yes - (no)

Signed by : SYLWESTER ZAJĄC

Date – Location : 30/08/25 WOLA WOLA

Signature

08522 dr nauk wet. Sylwester Zając specjalista rozrodu zwierząt