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

Name: Capella SJ Z
Gender: filly
Date of birth: 2025-04-04 00:00:00
Father: Comme il faut
Mother: Q-montana di magico
Owner: Sarah janssen

1. How are:
   State of nutrition: **good**
   General Appearance: **good**
   Coat conditions: **good**
   Comments: **-**
2. Are theye any defects in:
   Eyes: **No**
   Teeth: **No**
   Nose: **No**
   Discharge from the noose: **No**
   Comments: **-**
3. Are there any respiratory problems? **No**
   Have you observed any coughing? **No**
4. Are there any symptoms which indicate a poor or abnormal digestion? **No**
5. What is the state of the heartbeat and pulse at rest and after trot? **normal**
   Are there any heart murmurs? **No**
6. What defects are there concerning the limbs and hooves? **No**
   Are there any limb deformities? **No**
   Comments : **-**
7. Are there any defects of the external genitalia? **No**
   Comments : **-**
8. Does the foal show defects in walk and/or trot? **No**
9. Are there any other symptoms of sickness, defects or faults? **No**

Date: 2025-09-19
Signed by: Elien