



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

Name: Queen kastoria M

Gender:

Date of birth: 2016-01-01 00:00:00

Father: Nabab de Rêve

Mother: Kastoria ter doorn

Owner: B.B.C. & Company

1. How are:

State of nutrition: **good**

General Appearance: **good**

Coat conditions: **good**

Comments: -

2. Are there any defects in:

Eyes: **No**

Teeth: **No**

Nose: **No**

Discharge from the nostril: **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: Elie

