

# GEZONDHEIDSINSPECTIE / HEALTH INSPECTION

Hendrix Events B.V.

De ondergetekende, gecertificeerd dierenarts, verklaart het hieronder omschreven veulen op genoemde datum te hebben onderzocht en dit formulier naar beste weten te hebben ingevuld.

The undersigned, certified veterinarian, declares to have examined the foal described below on the said date and to have completed this form to the best of his knowledge.

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|  |                                  |
|--|----------------------------------|
| <b>Naam veulen/Name foal</b>             | CoolioS Z                        |
| <b>Vader/Father</b>                      | Codex One                        |
| <b>Afstamming moeder/Breeding mother</b> | Arkoll x Corofino x Cassini      |
| <b>Geboortedatum/Date of birth</b>       | 14-mei                           |
| <b>Geslacht/Gender</b>                   | Hengst                      Colt |
| <b>Eigenaar/Owner</b>                    | N. Schulpen                      |

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|  | Nee/No                              | Ja/Yes                              |
|--|-------------------------------------|-------------------------------------|
| 1. Bokvoet? (clubfoot)                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Varus/valgus?                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Over/onderbeet? (Overbite or underbite)     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Ogen afwijkend? (Eye abnormalities)         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Hart afwijkend? (Heart abnormalities)       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Longen afwijkend? (Lung abnormalities)      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Navelbreuk? (Umbilical hernia)              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. Klophengst; 2 testikels? (Cryptorch)        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9. Dik gewricht? (Joint effusion)              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 10. Kreupel? (lameness)                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 11. Atactisch? (Ataxia)                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 12. Overige afwijkingen? (other abnormalities) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Plaats: Kronenberg

Dr. S. Clissen - Paardenkliniek Venlo

Datum: 27, 28, 29 juli 2020

Handtekening:

