

STUDUTCH ONLINE AUCTION INSPECTION FORM.

The undersigned, veterinarian in Drs. M.A.M. Simonse
Dierenkliniek de Plekenheef
Linwaadweg 6, 5361 LN Berghem, declares to have examined the foal described below and to have filled in this form to the best of his knowledge.

Name foal: ~~Handen vdk~~ Wise guy

Sex: ☒ stallion ☐ mare Date of birth: ~~15-5-2026~~ 17-4-2026

Colour: daek Kristal Pedigree: Pjeltus x Furst Toto

Owner: Mr. J. van Schijndel

Residence: Koolhof 11, 5258 TD, Berlicum

1. How is:

feeding condition ☒ good ☐ normal ☐ insufficient

general impression ☒ good ☐ normal ☐ insufficient

skin ☒ good ☐ normal ☐ insufficient

Remarks: none

2. Are there any abnormalities regarding:

eyes ☐ yes ☒ no

teeth ☐ yes ☒ no

nose ☐ yes ☒ no

nasal discharge ☐ yes ☒ no

Remarks: none

3. Is the respiration normal? ☒ yes ☐ no

If not, what abnormality is there? none

Have you noticed any spontaneous coughing? ☐ yes ☒ no

Remarks: none

4. Are there any indications of insufficient or abnormal digestion? ☐ yes ☒ no

Remarks: none

5. How are hart rate and pulse at rest and after trot? ☒ normal ☐ deviant

Remarks: none

6. Are there any abnormalities to the legs and hooves, such as thickening of the tendons or bones or excessive joint fluid? ☒ none ☐ some abnormalities

Remarks: none

7. Are there any abnormalities to the external reproductive organs? If so, what are they?

☐ yes ☒ no
in case of a stallion, 2 testicles ☒ yes ☐ no
testicles descended ☒ yes ☐ no

Remarks: none

8. Does the animal move evenly in walk and trot? If not, what abnormalities are there?
☒ yes ☐ no

Remarks: none

9. Are there any other indications of disease, deviations or abnormalities? If so, what are they?
☐ yes ☒ no

Remarks: none

10. If one of the parents is a known carrier of the WFFS gene, testing is compulsory. Has the foal been tested for WFFS? If so, what is the result?

☒ WFFS-free ☐ WFFS gene present

Remarks: none

Please submit this form to StuDutch Trading BV no later than 5 days prior to the online auction on info@studutch.auction or send it to whatsapp 0622914466

Date: 16-7-2026

Place: Beilium

Name: MAM Simonse

Signature: Drs. M.A.M. Simonse

Dierenkliniek de Piekenhoeft
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