

ASSESSMENT SHEET FOR FOALS

Breeding district: _____ Place: _____ Cat.No.: _____ Sex: _____

Sire: _____ Mare: _____ birth date: _____

<u>BREED TYPE</u>	plain <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	true to type <input type="checkbox"/>
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<u>CALIBER</u>	light <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	heavy <input type="checkbox"/>
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<u>GROWTH/ SIZE</u>	short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tall <input type="checkbox"/>
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<u>SIZE of the MARE</u>	short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tall <input type="checkbox"/>
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<u>HEAD</u>	big, coarse <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	small, fine <input type="checkbox"/>
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<u>NECK</u>	short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	long <input type="checkbox"/>
	low <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	high <input type="checkbox"/>

<u>SHOULDER</u>	straight/short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sloping/long <input type="checkbox"/>
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<u>BACK</u>	short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	long <input type="checkbox"/>
	dipped (weak) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	roached <input type="checkbox"/>
Withers	flat <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	high <input type="checkbox"/>
	short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	long <input type="checkbox"/>
Croup	flat/level <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sloping (weak) <input type="checkbox"/>
	short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	long <input type="checkbox"/>

<u>FORELIMB</u>	short pastern <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	long pastern <input type="checkbox"/>
	upright pastern <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	weak pastern <input type="checkbox"/>
Toe stance	toe-in <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	toe-out <input type="checkbox"/>
		<input type="checkbox"/>	unilateral <input type="checkbox"/>		<input type="checkbox"/>	bilateral <input type="checkbox"/>	<input type="checkbox"/>

<u>HINDLIMB</u>	short pastern <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	long pastern <input type="checkbox"/>
	upright pastern <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	weak pastern <input type="checkbox"/>
Hock	straight <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	angulated <input type="checkbox"/>
Tarsus-Cannon art.	flat <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tied-in <input type="checkbox"/>

<u>HOOF</u>	flat hoof, low heels <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	club foot, high heels <input type="checkbox"/>
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<u>GAIT</u>	stiff/tied <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	elastic/rhythm <input type="checkbox"/>
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<u>Anomalies</u>			
Eyes	<input type="checkbox"/> painted eye	<input type="checkbox"/> artificial eye	<input type="checkbox"/> fish eye
	<input type="checkbox"/> underbite	<input type="checkbox"/> overbite	<input type="checkbox"/> Missing eye/s (left or right)
Rupture	<input type="checkbox"/> umbilical hernia	<input type="checkbox"/> scrotal hernia	
Hoof	<input type="checkbox"/> club foot		
Other: _____			

<u>NOTES:</u>
TYPE: _____
GAIT: _____

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Sire: _____ Mare: _____ birth date: _____

<u>BREED TYPE</u>	plain <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	true to type <input type="checkbox"/>
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<u>CALIBER</u>	light <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	heavy <input type="checkbox"/>
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<u>GROWTH/ SIZE</u>	short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tall <input type="checkbox"/>
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<u>SIZE of the MARE</u>	short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tall <input type="checkbox"/>
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<u>HEAD</u>	big, coarse <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	small, fine <input type="checkbox"/>
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<u>NECK</u>	short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	long <input type="checkbox"/>
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<u>SHOULDER</u>	straight/short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sloping/long <input type="checkbox"/>
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<u>BACK</u>	short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	long <input type="checkbox"/>
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Withers	flat <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	high <input type="checkbox"/>
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Croup	flat/level <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sloping (weak) <input type="checkbox"/>
	short <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	long <input type="checkbox"/>

<u>FORELIMB</u>	short pastern <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	long pastern <input type="checkbox"/>
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Toe stance	toe-in <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	toe-out <input type="checkbox"/>
		<input type="checkbox"/>	unilateral <input type="checkbox"/>		<input type="checkbox"/>	bilateral <input type="checkbox"/>	<input type="checkbox"/>

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	upright pastern <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	weak pastern <input type="checkbox"/>
Hock	straight <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	angulated <input type="checkbox"/>
Tarsus- Cannon art.	flat <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tied-in <input type="checkbox"/>

<u>HOOF</u>	flat hoof, low heels <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	club foot, high heels <input type="checkbox"/>
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<u>GAIT</u>	stiff/tied <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	elastic/rhythm <input type="checkbox"/>
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<u>Anomalies</u>				
Eyes	<input type="checkbox"/> painted eye	<input type="checkbox"/> artificial eye	<input type="checkbox"/> fish eye	<input type="checkbox"/> Missing eye/s (left or right)
Bit	<input type="checkbox"/> underbite	<input type="checkbox"/> overbite		
Rupture	<input type="checkbox"/> umbilical hernia	<input type="checkbox"/> scrotal hernia		
Hoof	<input type="checkbox"/> club foot			
Other:	_____			

<u>NOTES:</u>
TYPE: _____
GAIT: _____