



L.J. Broek B.V.Sc. M.R.C.V.S.  
**PINKHAM EQUINE**  
 VETERINARY SERVICES

DLUO : 04/2026



*L.J. Broek*

Signature and stamp of the veterinarian or qualified person or competent authority / Signature et cachet du vétérinaire ou de la personne qualifiée ou de l'autorité compétente

1. Written description should be typed or written in block capitals / invullen in blokletters, liefst getypt.
2. Written description and diagram should agree / beschrijving en schets moeten overeenkomen.
3. All white markings should be hatched in red / alle witte aftekeningen moeten met rood gelijnd worden.
4. Whorls must be shown thus 'x' and described below in detail / de haanwervels moeten met een x worden aangegeven.
5. All identifying features should be marked - a minimum of five are required / alle kenmerken moeten worden weergegeven minimaal 5.

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|   |  |   |                       |  |
|---|--|---|-----------------------|--|
| * NAME  |  | AGISA Z                                 |                       |  |
| COLOUR (ROBE) / KLEUR                             | SEX (SEXE)   | * DATE OF BIRTH (ANNEE) / GEBORTE DATUM | * SIRE (PERE) / VADER | * DAM (MERE) / MOEDER  |
| BAY   | F  | 07 / 05 / 2023 (dd/mm/yyyy)             | AGANIX DU SEIGNEUR Z  | PEBBLES VAN'T PRINSENVELD  |
| DATE OF EXAMINATION                               | Was this animal identified as a foal when still on its Dam?<br>Is dit dier geïdentificeerd als een veulen dat nog bij de moeder loopt? |   |                       | <input checked="" type="checkbox"/> YES / JA <input type="checkbox"/> NO / NEE |
| 19 / 06 / 2023 (dd/mm/yyyy)                       | * THESE ITEMS ARE BASED ON INFORMATION SUPPLIED BY THE OWNER OR HIS / HER AGENT  |   |                       |  |
| HEAD / HOOFD (TETE)                               | WHORL ABOVE EYE LEVEL TO LEFT OF MIDLINE .<br>MIDLINE THROUGH WHORL .  |   |                       |  |
| NECKLINE / HALS (ENCOLURE)                        | UPPER-THIRD CREST WHORL RIGHT HAND SIDE . FEATHERED UPPER-THIRD CREST WHORL LEFT HAND SIDE .   |   |                       |  |
| L.F. / L.V. (A.G.)                                | NIL  |   |                       |  |
| R.F. / R.V. (A.D.)                                | NIL .  |   |                       |  |
| L.H. / L.A. (P.G.)                                | WHITE TO MID PASTERN   |   |                       |  |
| R.H. / R.A. (P.D.)                                | WHITE TO FETLOCK .   |   |                       |  |
| BODY / LICHAAM (CORPS)                            |  |   |                       |  |
| MARKINGS / VERWORVEN KENMERKEN (MARQUES ACQUISES) |  |   |                       |  |

ONCE COMPLETED PLEASE RETURN TO AES / INGEVULD TERUG ZENDEN NAAR AES

This form has to be completed by a veterinarian or qualified person / Dit formulier moet door een veearts of erkend schetser worden ingevuld