

Mark Deuss
 Veterinary Surgeon

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Examination Report

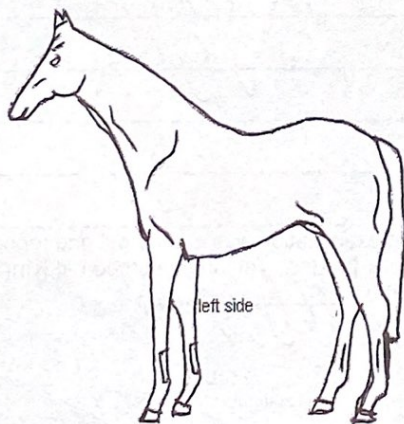
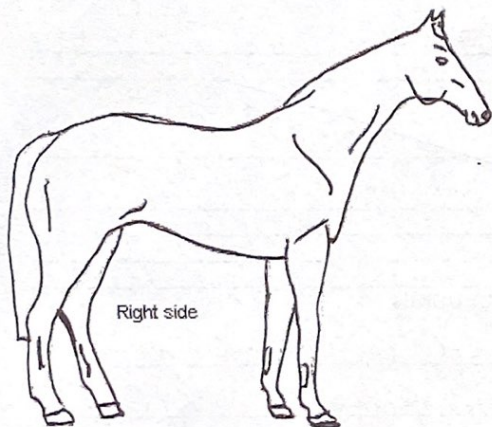
"ALEPPO VH ZANDERSTOF"

Examination for the purpose of purchase, sale insurance

Company: _____
 Horse/Pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code and town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

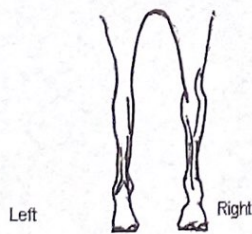
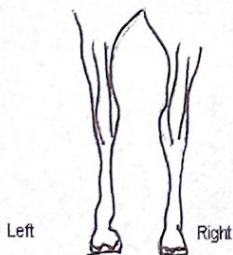
Description

Race or Type: Z
 Pedigree no.: 056 015 2557 30917
 Age: 28/06/2017
 Sex: MALE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: BLACK
 Outline: _____



Hind rear view

fore rear view



cf. stud Bookpaper 10
microchip nr: 9811 0000 44108 15

General Examination

Build and posture good/deviant: _____
 Feeding condition good/deviant: _____
 Skin and hair good/deviant: _____
 Pulse in condition of rest/possibly after labour: NO
 Respiration in condition of rest/possibly after labour: NO
 Type of respiration normal/deviant: _____
 Mucous membranes normal/deviant: _____
 Lymph glands normal/deviant: _____
 Eyes normal/deviant: _____
 Mouth normal/deviant: _____
 Spontaneous cough present/not present: _____
 Larynx normal/sensitive: _____
 Cicatrice corne operation: present/not present: _____

Further clinical examination

	not deviant	deviant
Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laryngoscopy if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Circulation system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Digestion system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urogenital system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nervous system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motion system:		
Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Palpation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Withers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Back	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left forefoot	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right forefoot	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fronts hoofs	<u>equal</u>	<u>not equal</u>
Horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoof visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

not deviant deviant

Walking on hard ground

straight line _____
 Left small volt _____
 Right small volt _____

Trotting on hard ground

straight line _____
 left small volt _____
 right small volt _____

Trotting on soft ground

left volt _____
 right volt _____

Cantering/Galloping on soft ground

left volt _____
 right volt _____

Bending tests

Tightening of lower foot or leg

Left forefoot ~~not sensitive~~/sensitive
 Right forefoot ~~not sensitive~~/sensitive
 Left hind leg ~~not sensitive~~/sensitive
 Right hind leg ~~not sensitive~~/sensitive
 Trotting off after two minutes bending

LF +/- +/ ++
 RF +/- +/ ++
 LH +/- +/ ++
 RH +/- +/ ++
 Hock: L +/- +/ ++
 R +/- +/ ++

Hock:

Fixing the kneecap

L not possible / possible
 R not possible / possible

if necessary conductivity anaesthesia in consultation with the owner

Results of the X-ray examination

		good	fair	bad
Navicular	LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular	RF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	RF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	LH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	RH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Necessary results of any other x-ray examinations

Number: "ALEppo VH ZANDERS Hof"

After the examination blood/no blood was taken to search for illegal practices.
 If necessary laboratory results:

STORED

FINAL CONCLUSION

CLINICAL IN GENERAL A
 POSITIVE ADVICE AT THE DAY
 OF THE EXAMINATION IE
 2020/july 10 7

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) 07/july/2020

(Signature and stamp)


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