

PREVIOUS INFORMATION REPORTED BY OWNER OR REPRESENTATIVE

Horse name	Sex	Age	Breed-Colour
CARLSBER	GELDING	16/4/2017	OLDEMBURG/ BROWN
Microchip number	276020000595709	Checked by vet	<input checked="" type="checkbox"/> Si <input type="checkbox"/> No Price
Passport FEI / RFHE / PRE / Studbook / DIE	DE418180287617		
Owner	DNI	Since	
Representative	DNI		
Current use	JUNPING	Training level	STARTING
Last time competition/ results	NO RESULTS		
Any treatment in the last 2 month <input type="checkbox"/> Yes What and when <input checked="" type="checkbox"/> No	Previous lameness <input type="checkbox"/> Yes Evolution <input checked="" type="checkbox"/> No		
Previous disease <input type="checkbox"/> Yes Evolution <input checked="" type="checkbox"/> No	Previous surgery <input type="checkbox"/> Yes Evolution <input checked="" type="checkbox"/> No		
Vices <input type="checkbox"/> Yes Detail <input checked="" type="checkbox"/> No	Maintenance <input type="checkbox"/> Box <input checked="" type="checkbox"/> Mixed <input type="checkbox"/> Field <input type="checkbox"/> Other		
Diet <input checked="" type="checkbox"/> Straw <input checked="" type="checkbox"/> Hay <input checked="" type="checkbox"/> Mixed <input type="checkbox"/> Alfalfa <input type="checkbox"/> Cereal <input type="checkbox"/> Other	Bedding <input type="checkbox"/> Straw <input type="checkbox"/> Other <input type="checkbox"/> Shavings		
Vaccinations/ Date 20/10/21 . 20/11/21 <input checked="" type="checkbox"/> Flu <input checked="" type="checkbox"/> Herpes <input checked="" type="checkbox"/> Tetanus <input type="checkbox"/> Others	Deworming/ Date 20/11/21 Product and date EQUIMAX		
Shoeing WITHOUT SHOES Type and date	Previous injections/infiltrations		

The owner / manager declares certain answers given in the "Background Information"

- Authorize horse sedation if necessary
- Authorize removal of horseshoes if necessary
- Authorize lounging in hard surface
- Authorize flexion tests
- Authorize blood sample collection for antidoping test

Owner/ representative signature

Identification number (DNI)

GENERAL EXAMINATION

1.1 General condition

Nutritional status <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Muscular condition <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP
Jugular veins <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Mucous membranes <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP
Lymph nodes <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Conformation neck <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP

1.2 Skin and coat

Scars <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations
Skin tumors <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	

1.3 Cardio-respiratory system

PULSE

Quality <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations
40 LPM/ REST	

BREATHING

Respiratory sounds <input checked="" type="checkbox"/> No <input type="checkbox"/> Inspiration <input type="checkbox"/> Yes <input type="checkbox"/> Expiration	
Breathing difficulty <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Observations
Pulmonar auscultation <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations
Nasal secretion <input checked="" type="checkbox"/> No <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Yes	
Spontaneous cough <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Observations
Productive Cough (with mucus) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Observations
Tracheal auscultation <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations

1.4 Ophthalmologic exam

Signs of illness examined with direct ophthalmoscope and under field conditions

Mydriasis	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Observations
Ocular examination	<input checked="" type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> NP	Observations

1.5 Nervous system

Signs of nervous system disease shown during the examination

Signs of disease	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
General behavior	<input checked="" type="checkbox"/> N	<input type="checkbox"/> M
	<input type="checkbox"/> A	<input type="checkbox"/> NP
Tail tone	<input checked="" type="checkbox"/> N	<input type="checkbox"/> M
	<input type="checkbox"/> A	<input type="checkbox"/> NP
Postural reflexes	<input checked="" type="checkbox"/> N	<input type="checkbox"/> M
	<input type="checkbox"/> A	<input type="checkbox"/> NP
Coordination	<input checked="" type="checkbox"/> N	<input type="checkbox"/> M
	<input type="checkbox"/> A	<input type="checkbox"/> NP

1.6 Oral Cavity

Examination done without sedation and without speculum

External examination and palpation	<input checked="" type="checkbox"/> N	<input type="checkbox"/> M	
	<input type="checkbox"/> A	<input type="checkbox"/> NP	
Oral mucous membranes	<input checked="" type="checkbox"/> N	<input type="checkbox"/> M	
	<input type="checkbox"/> A	<input type="checkbox"/> NP	
Tongue	<input checked="" type="checkbox"/> N	<input type="checkbox"/> M	
	<input type="checkbox"/> A	<input type="checkbox"/> NP	
Wolf teeth	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 105 <input type="checkbox"/> 205
Enamel points, hooks	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Observations
Teeth needed to be rasped	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Observations

1.7 External urogenital system

Visual inspection and external palpation

<input checked="" type="checkbox"/> N	Observations
<input type="checkbox"/> M	
<input type="checkbox"/> A	
<input type="checkbox"/> NP	

1.8 Digestive system

Feaces	<input checked="" type="checkbox"/> N	<input type="checkbox"/> M
	<input type="checkbox"/> A	<input type="checkbox"/> NP
Intestinal motility	<input checked="" type="checkbox"/> N	<input type="checkbox"/> M
	<input type="checkbox"/> A	<input type="checkbox"/> NP
Palpation of ventral midline	<input checked="" type="checkbox"/> N	<input type="checkbox"/> M
	<input type="checkbox"/> A	<input type="checkbox"/> NP

Annotations
 N = Normal. No pathological findings
 M = Mild. Abnormal findings minor
 A = Abnormal. Abnormal findings of greater importance
 NP = Not performed

1.9 Passive musculoskeletal examination

Visual exam and palpation of Neck / Back / Croup	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations
Limbs conformation and palpation	RF	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP Observations
	LF	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP Observations
	RH	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP Observations
	LH	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP Observations

HOOVES

Quality of hooves / percussion / inspection and hoof-testers examination	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations
Height and width of heels	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations
Frog	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations
Shoeing	<input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input checked="" type="checkbox"/> NP	Observations NO SHOE

1.10 Active musculoskeletal examination

Flexion tests are assessed in four grades
 - no pain -+mild pain + moderate pain ++ severe pain

Flexion of the distal limb after one minute

RF	LF	RH	LH
<input checked="" type="checkbox"/> - <input type="checkbox"/> - + <input type="checkbox"/> + <input type="checkbox"/> + + <input type="checkbox"/> NP	<input checked="" type="checkbox"/> - <input type="checkbox"/> - + <input type="checkbox"/> + <input type="checkbox"/> + + <input type="checkbox"/> NP	<input checked="" type="checkbox"/> - <input type="checkbox"/> - + <input type="checkbox"/> + <input type="checkbox"/> + + <input type="checkbox"/> NP	<input checked="" type="checkbox"/> - <input type="checkbox"/> - + <input type="checkbox"/> + <input type="checkbox"/> + + <input type="checkbox"/> NP

Flexion of the tarsus (bone spavin test) after one minute

RH	LH
<input checked="" type="checkbox"/> - <input type="checkbox"/> - + <input type="checkbox"/> + <input type="checkbox"/> + + <input type="checkbox"/> NP	<input checked="" type="checkbox"/> - <input type="checkbox"/> - + <input type="checkbox"/> + <input type="checkbox"/> + + <input type="checkbox"/> NP

Stifle inspection

RH	LH
<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP

The lameness exam was performed in hard surface (walk and trot) and in soft surface (walk, trot, and canter) in straight line and circles in both hands (15 minutes)

lounge line ridden Surface observation SOFT AND HARD SURFACE

Annotations
 N = Normal. No pathological findings
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 A = Abnormal. Abnormal findings of greater importance
 NP = Not performed

Movement at the walk hard surface

Walk straight line <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Right circle <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Left circle <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP
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Movement at the trot hard surface

Trot straight line <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Right circle <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Left circle <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP
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Movement at the trot soft surface

Trot straight line <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Right circle <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Left circle <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP
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Movement at the canter soft surface

Right circle <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Left circle <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP
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Observations

1.11 Cardio-respiratory system after exercise

Pulse-breathing after exercise

	At rest	After 10 min
HR	40	80
RR	-12	-20

PULSE

Quality	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations
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BREATHING

Respiratory sounds	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Inspiration <input type="checkbox"/> Expiration
Difficulty breathing	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Observations
Pulmonar auscultation	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations
Nasal secretion	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left
Spontaneous cough	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Observations
Productive cough (with mucus)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Observations
Tracheal auscultation	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations

Firmado por
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 (C:Q2871002H) el día
 07/02/2022 con un
 certificado emitido
 por AC CAMERFIRMA
 FOR NATURAL PERSONS