

Purchaser

Name	
Address	
Phone	
Mail	

Vendor

Name	
Address	
Phone	
Mail	

Horse Identification

Name	Casido	Breed	Holstener	Colour	Grey	Sex	Gelding
Date of birth	16.03.2017	Reg. no	DE421000026017	Chip mark identification	276020000597823		
The identity and markings of the horse are in agreement with its passport: <input checked="" type="checkbox"/>				The horse is chip marked: <input checked="" type="checkbox"/>			

The horse is being purchased for (usage): Jumping
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With reference to the conditions and limitations of the prepurchase examination specified in the advance agreement, my conclusions as the examining veterinary surgeon on the day of the examination are as follows:

From a veterinary point of view, there is a low risk that the health status of the horse as of this date will influence the proposed usage of the horse.

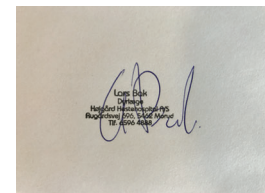
From a veterinary point of view, there is a moderate risk that the health status of the horse as of this date will influence the proposed usage of the horse.

From a veterinary point of view, there is a considerable risk that the health status of the horse as of this date will influence the proposed usage of the horse.

Without further supplementary examinations, it remains impossible to draw any conclusions from the performed examination.

2022-01-14

Date



Lars Erik
 Dyrlæge
 Huset Hesteveterinær
 Inspektionsvej 10, 4600 Ålbæk

Signature of veterinary surgeon

1. General condition

- 1a Is light sedation needed to give the examination a professional conclusive value No Yes
- 1b Body fat Average
- 1c Fat deposits on neck or trunk No Yes
- 1d Abnormalities in general condition No Yes
-

2. Skin

- 2a Abnormalities in presentation of skin or coat No Yes
- 2b Signs of hair loss as the result of pruritus or wear of skin, mane or tail No Yes
- 2c Signs of sarcoids or melanoma like lesions on head, ventral abdomen, pectoral region, medial thigh, sheath, vulva or elsewhere No Yes
- 2d Does palpation of umbilical region, ventral midline or inguinal canal reveal swellings which could indicate the presence of a hernia No Yes
-

3. Teeth

- 3a Abnormal smell or discharge from mouth or nostrils No Yes
- 3b Abnormalities in the symmetry of the skull and/or mandible No Yes
- 3c Abnormalities in the symmetry of the masseter muscles No Yes
- 3d Abnormalities during palpation of the temporo-mandibular joints No Yes
- 3e Abnormalities in the soft tissues of the mouth, including the lips No Yes
- 3f Are visible wolf teeth present No Yes
- 3g Visible abnormalities in the presentation of the canine teeth or incisors? No Yes
-

4. Eyes

- 4a Abnormalities in vision, menace or pupillary reflex No Yes
- 4b Abnormalities in the symmetry, position or size of eyes and eyelids and the ciliary angle No Yes
- 4c Abnormalities in conjunctiva or third eyelid, including discharge No Yes
- 4d If any discharge, what type
- 4e Abnormal macroscopic findings in cornea, iris or lens No Yes
- 4f Was examination of the eyes performed in a darkened room No Yes
- 4g Is focal light used No Yes
-

5. Neck

- 5a Abnormalities in muscle mass of the neck (atrophy), symmetry or in the movement No Yes
- 5b Abnormalities during palpation of transverse processes or palpable muscle attachments No Yes
- 5c Abnormal musculo-cutaneous reflex No Yes
- 5d Abnormalities in the symmetry of the shoulders and front quarters No Yes
-

6. Back

- 6a Abnormalities in the curvature, symmetry or muscle mass of the back or hind quarters No Yes
-
- 6b Abnormal wear of the hair cover on the back, in the saddle region or in the girth region No Yes
-
- 6c Abnormal findings during superficial or deep palpation of the back or hind quarters No Yes
-
- 6d Abnormalities in tail tone No Yes
-
- 6e Abnormal musculo-cutaneous reflex No Yes
-
- 6f Abnormalities in mobilisation or moveability of the back or hind quarters No Yes
-
- 6g Pain or resentment to palpation of girth area No Yes
-

7. Genitalia

- 7a Abnormalities in symmetry, conformation or closure of vulva No Yes
-
- 7b Abnormalities in the shape, size, texture or symmetry of the udder No Yes
-
- 7c Abnormalities of prepuce or during palpation of castration scar No Yes
-
- 7d Abnormalities in the palpation of the scrotum No Yes
-

8. Heart

- 8a *At rest* Abnormalities in the peripheral circulation (mucous membranes, capillary refill time, jugular vein, jugular pulsation and/or ventral oedema) No Yes
-
- 8b Abnormalities in the auscultation of the cardiac puncta maxima (heart sounds, murmurs, arrhythmia) No Yes
-
- 8c *After exercise* Abnormalities in rhythm, abnormal sounds or jugular pulsation after sufficient increase in pulse rate No Yes
-

9. Airways

- 9a *At rest* Abnormalities at palpation of upper airway lymph nodes No Yes
-
- 9b Abnormalities in type or rate of respiration No Yes
-
- 9c Abnormalities during auscultation of the trachea or bilateral auscultation of the thorax No Yes
-
- 9d Is nasal discharge or coughing noticed No Yes
-
- 9e If any discharge, what type
-
- 9f *During exercise* Abnormal audible respiratory sounds No Yes
-
- 9g *After exercise* Abnormalities detected within airways following exercise (respiratory rate, abnormal sounds or discharge) No Yes
-

10. Limbs

- 10a *Examination at rest* Abnormalities in limb angulation or toe-pastern axis
RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes
-
- 10b Abnormalities in hoof symmetry (size and shape)
In front: No Yes
Behind: No Yes
-

- 10c Abnormalities in shoeing from a standard open shoe
- RF: No Yes
 LF: No Yes
 RH: No Yes
 LH: No Yes

RH: Not shod
LH: Not shod

- 10d Abnormalities in the conformation/shape of the hoof (walls, heels, dorsal wall, sole, coronary band, horn quality)
- RF: No Yes
 LF: No Yes
 RH: No Yes
 LH: No Yes

- 10e Abnormalities during palpation of the bones of the upper and lower limbs
- RF: No Yes
 LF: No Yes
 RH: No Yes
 LH: No Yes

- 10f Abnormalities during inspection and palpation of joints and tendon sheaths of the limbs
- RF: No Yes
 LF: No Yes
 RH: No Yes
 LH: No Yes

- 10g Abnormalities during palpation of suspensory ligament, tendons or other ligaments, including tendons and ligaments in the fetlock/pastern region
- RF: No Yes
 LF: No Yes
 RH: No Yes
 LH: No Yes

11. Examination during exercise

- 11a *At the walk on a firm surface*
 Abnormalities in the landing-, weightbearing- and/or break-over phases of the hoof in relation to the limb conformation
- RF: No Yes
 LF: No Yes
 RH: No Yes
 LH: No Yes

- 11b Abnormalities in movement during tight turns
- RF: No Yes
 LF: No Yes
 RH: No Yes
 LH: No Yes

- 11c *At the trot on a firm surface*
 Any gait irregularities / lameness
- RF: No Yes
 LF: No Yes
 RH: No Yes
 LH: No Yes

- 11d Abnormalities during or after flexion of the entire limb
- RF: No Yes
 LF: No Yes
 RH: No Yes
 LH: No Yes

- 11e *Lunging on a firm surface*
 Any gait abnormalities / lameness
- RF: No Yes
 LF: No Yes
 RH: No Yes
 LH: No Yes

- 11f *Lunging on soft surface / arena*
 Any gait abnormalities/ lameness at trot
- RF: No Yes
 LF: No Yes
 RH: No Yes
 LH: No Yes

- 11g *Lunging on soft surface / arena*
 Any gait abnormalities/ lameness at canter
- RF: No Yes
 LF: No Yes
 RH: No Yes
 LH: No Yes

- 11h Signs of ataxia
- In front: No Yes
 Behind: No Yes

- 11i Any abnormalities when the horse is walking backwards (4-6 steps)
- No Yes

12. Behaviour

- 12a Does the horse show signs of abnormal behaviour during the clinical assessment
- No Yes

13. Additional examinations or reports

- 13a Has a radiographic examination taken place?
- No Yes

see appendix

13b	Addendum no.:	_____	
	.	_____	
13c	Is ridden assesment performed?	_____	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
13d	Horse ridden by:	_____	
	.	_____	
13e	Can the horse be assessed at all paces on both reins?	_____	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
13f	Does the horse show signs of aversion or resistance to being ridden (assess on both reins)?	_____	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
13g	Extended examination deemed required for the following organ system:	_____	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
13h	Addendum no.:	_____	
	.	_____	
13i	Has a blood sample been obtained for medication control?	_____	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
13j	Additional supplementary comments:	_____	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
13k	Addendum no.:	_____	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
13l	Other comments:	_____	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>