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## Examination Report

"COLMANO DW 2"

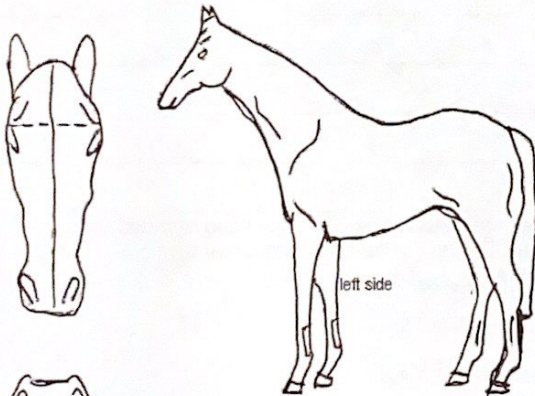
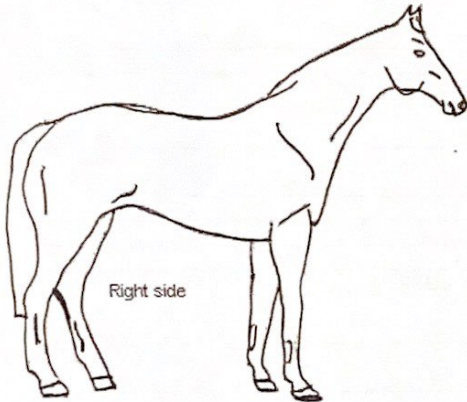
### Examination for the purpose of purchase, sale insurance

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

### Description

Race or Type: Z  
 Pedigree no.: 056015255541919  
 Age: 12 JUNE 12 2019  
 Sex: STALLION  
 Shoulder height: \_\_\_\_\_  
 Level of training: SPORTS  
 Colour: GREY  
 Outline: \_\_\_\_\_

Ja. STUBBOOLPAPERS!  
MICROCHIP: 5182 020001583



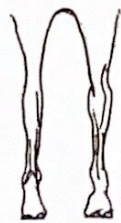
Hind rear view

fore rear view



Left

Right



Left

Right

### 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 type="checkbox"/>	<input type="checkbox"/>
Digestion system	<input type="checkbox"/>	<input type="checkbox"/>
Urogenital system	<input type="checkbox"/>	<input type="checkbox"/>
Nervous system	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Motion system:

Inspection  \_\_\_\_\_  
 Palpation  \_\_\_\_\_  
 Percussion  \_\_\_\_\_

Neck  \_\_\_\_\_  
 Withers  \_\_\_\_\_  
 Back  \_\_\_\_\_  
 Groin  \_\_\_\_\_  
 Left forefoot  \_\_\_\_\_  
 Right forefoot  \_\_\_\_\_  
 Left hind leg  \_\_\_\_\_  
 Right hind leg  \_\_\_\_\_

Fronts hoofs  equal  not equal  
 Horn quality  \_\_\_\_\_  
 Hoof percussion  \_\_\_\_\_  
 Hoof visitation  \_\_\_\_\_

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  +/- ++  
 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Necessary results of any other x-ray examinations

Number: "COLMANO DW 2"

After the examination  blood /  no blood was taken to search for illegal practices.

If necessary laboratory results:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IN CONSIGNATION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FINAL CONCLUSION**

Clinical in GENERAL A  
 POSITIVE ADVICE ON  
 THE DAY OF THE EXAMINATION  
 (IE 22/ MARCH / 03

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) 03/MARCH/2002

(Signature and stamp)  
  
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