

PREVIOUS INFORMATION REPORTED BY OWNER OR REPRESENTATIVE

Horse name	Sex	Age	Breed-Colour
COMME MOET	GELDING	21/03/2017	GREY
Microchip number	10010000724120001006386		Checked by vet <input checked="" type="checkbox"/> Si <input type="checkbox"/> No Price UNKNOWN
Passport FEI / RFHE / PRE / Studbook / DIE			
Owner	DNI		Since 3 YEARS AGO.....
Representative	DNI		
Current use	JUMPING	Training level	
Last time competition/ results UNKNOWN			

Any treatment in the last 2 month <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What and when	Previous lameness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Evolution
Previous disease <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Evolution	Previous surgery <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evolution CASTRATION
Vices <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Detail	Maintenance <input checked="" 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 checked="" type="checkbox"/> Shavings
Vaccinations/ Date <input checked="" type="checkbox"/> Flu <input type="checkbox"/> Herpes <input checked="" type="checkbox"/> Tetanus <input type="checkbox"/> Others	Deworming/ Date 25/10/2022 Product and date IVERMECTINA
Shoeing Type and date	Previous injections/infiltrations UNKNOWN

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)

Annotations

N = Normal. No pathological findings

M = Mild. Abnormal findings minor

A = Abnormal. Abnormal findings of greater importance

NP = Not performed

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 arrhythmia at rest
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BREATHING

Respiratory sounds	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Inspiration <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"/> 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

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1.4 Ophthalmologic exam

Signs of illness examined with direct ophthalmoscope and under field conditions

Mydriasis No Yes Observations

Ocular examination N M A NP Observations

1.5 Nervous system

Signs of nervous system disease shown during the examination

Signs of disease No Yes

General behavior N M A NP

Tail tone N M A NP

Postural reflexes N M A NP

Coordination N M A NP

1.6 Oral Cavity

Examination done without sedation and without speculum

External examination and palpation N M A NP

Oral mucous membranes N M A NP

Tongue N M A NP

Wolf teeth No Yes 105 205

Enamel points, hooks No Yes Observations

Teeth needed to be rasped No Yes Observations

1.7 External urogenital system

Visual inspection and external palpation N M A NP Observations

1.8 Digestive system

Feaces N M A NP

Intestinal motility N M A NP

Palpation of ventral midline N M A NP

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

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

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Movement at the walk hard surface

<p>Walk straight line</p> <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	<p>Right circle</p> <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	<p>Left circle</p> <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

<p>Trot straight line</p> <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	<p>Right circle</p> <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	<p>Left circle</p> <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

<p>Trot straight line</p> <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	<p>Right circle</p> <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	<p>Left circle</p> <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

<p>Right circle</p> <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	<p>Left circle</p> <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	36	90
RR	-12	18

PULSE

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

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2.1 Basic radiographic projections

For the evaluation of the findings, these are divided into 4 classes:

Class I:

No specific abnormal findings and findings that are categorized as anatomical variants. (Condition / ideal state).

Class II:

Findings that differ little from ideal condition in which the onset of clinical signs is estimated with a low probability (condition / normal).

Class III:

Findings that differ from the normal condition in which the onset of clinical signs is estimated with a medium probability (condition / acceptable state).

Class IV:

Findings that differ considerably from normal condition in which clinical signs are likely, above 50%. (Condition / risk status).

Intermediate classes:

The use of intermediate classes I - II, II - III and III - IV states that several examiners may reach different results possibly by the clarity of the findings and experiences.

The customer is aware of the disadvantages of image quality when the horseshoes are not removed.

Permission to remove the shoes No Yes

HOOF LM	RF	Class <input type="checkbox"/>	Observations
	LF	Class <input type="checkbox"/>	Observations
NAVICULAR BONE DPr-PaDiO	RF	Class <input type="checkbox"/>	Observations
	LF	Class <input type="checkbox"/>	Observations
FETLOCK / PASTERN LM	RF	Class <input type="checkbox"/>	Observations
	LF	Class <input type="checkbox"/>	Observations
	RH	Class <input type="checkbox"/>	Observations ARTICULAR CHIP DORSAL ASPECT
	LH	Class <input type="checkbox"/>	Observations
HOCKS DL-PM O	RH	Class <input type="checkbox"/>	Observations
	LH	Class <input type="checkbox"/>	Observations
HOCKS DM-PL O	RH	Class <input type="checkbox"/>	Observations
	LH	Class <input type="checkbox"/>	Observations
STIFLE CdL-CrMO	RH	Class <input type="checkbox"/>	Observations
	LH	Class <input type="checkbox"/>	Observations

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2.2 Other projections

Not requested

SUPPLEMENTARY STUDY

3.1 Results other tests

Not requested

3.2 Recommended test

Based on the findings and then discussed between veterinary and requestor, this:

- renounces perform additional tests
 request perform the following additional tests

CONCLUSIONS

In my opinion, on the balance of probabilities, the conditions reported above today, do a potential risk, considered LOW/ MEDIUM/ HIGH for a purchase decision to be used for obviously an individual prognosis is not possible to give.

Requestor Signature

Firmado por ***8039**
 FERNANDO GONZALEZ
 (C:****1002*) el día
 09/02/2023 con un
 certificado emitido
 por AC CAMERFIRMA FOR
 NATURAL PERSONS - 2016

Place

ILLANUEVA DE LA CAÑADA , MADRID

Date

4/2/23

- 1- The veterinarian who performed the prepurchase examination has no liability whatsoever for any loss or damage caused by the exam or resulting from inaccuracies or deficiencies in the preparation of this report unless it can be established that such loss or damage are due to a willful act or grave negligence.
- 2- In any case, liability shall be limited to the amount covered by liability insurance.
- 3- The reports have no legal validity whatsoever until it is fully signed and the customer has proof of payment.
- 4- AVEE not responsible for the opinion of each veterinary