

# Examination report

Number: **E 118309**

(Formulated by the Netherlands Equine Veterinary Association of the Royal Netherlands Veterinary Association.)

The pre-purchase examination was performed using the handbook "De veterinaire keuring van het paard" issue 2007 as a guidance).

### Signalment

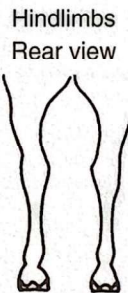
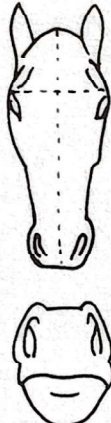
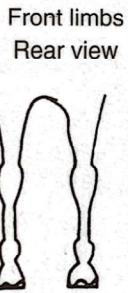
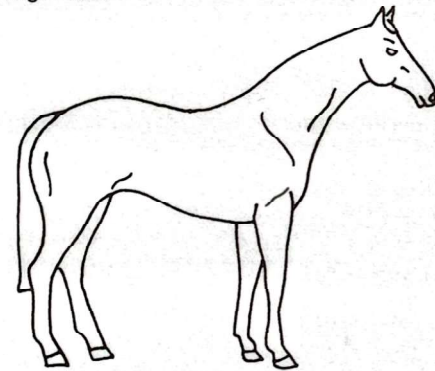
Name: DRAGON 2  
 Breed or type: Zangersteld  
 Studbook no: 056015 255136118  
 Microchip number: 528210004746529  
 Pedigree: Dallas v.d. + Corlad  
 Age: 21-03-2018 Sex: male  
 Coat colour: bay Height at withers ± : \_\_\_\_\_

Level of training (according to client): \_\_\_\_\_  
 Proposed use (according to client): breeding / sport  
 Location where the exam takes place: clinic / other, namely \_\_\_\_\_

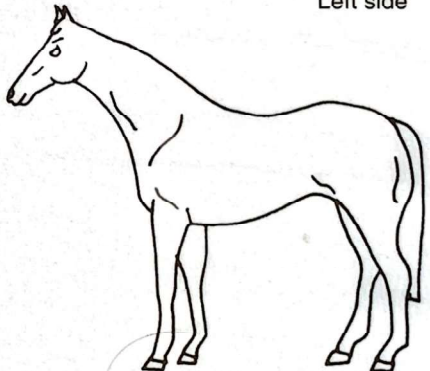
### Markings

Head: \_\_\_\_\_  
 LF: \_\_\_\_\_ LH: \_\_\_\_\_  
 RF: \_\_\_\_\_ RH: \_\_\_\_\_  
 Other: \_\_\_\_\_

Right side



Left side



Evidence seen of possible behavioural vices? yes / no (If yes: detail: \_\_\_\_\_ )  
 Blood collected and put into custody by the examining veterinary surgeon? yes / no  
 Blood sample tested for prohibited substances at client's request ? yes / no

Veterinary practice (stamp):  
**D.A.P. BOERSKOTTEN**  
 Drs. L.B. Poorthuis  
 dierenarts  
 Thijlaan 6  
 7576 ZB OLDENZAAL

**CONCLUSION:** \_\_\_\_\_  
 \_\_\_\_\_  
 "clinically and radiographically sound horse"  
 \_\_\_\_\_

1. The examining veterinary surgeon and/or veterinary practice shall not be held liable for loss or damage caused as a result of the performance of the examination or as a result of inaccuracies or shortcomings in their preparation of this report, unless it has been established that this loss or damage is due to malice or negligence on the part of the examining veterinary surgeon.
2. The client shall have the sole right to invoke any action due to liability on the part of the examining veterinary surgeon and/or veterinary practice as described under 1 above. Parties other than the client shall not be entitled to derive any rights to compensation for damages arising from this examination/report.
3. Liability shall be limited at all times to that amount covered by the veterinary surgeon's professional indemnity insurance applicable at the time of the examination. Details of this coverage in the form of policy documents for this insurance may be inspected at the veterinary practice premises, and copies of these may be obtained at first request from the veterinary practice at no charge.
4. The provisions printed on this examination report shall also apply in the event the client fails to sign this form, or refuse to accept receipt of this examination report.
5. If the client upon whose instructions the examination was performed is not the owner of the horse, the client is wholly responsible for having obtained the owner's consent to all procedures performed during the examination, and the client shall fully indemnify the veterinary surgeon in respect of any claim by the owner arising from an allegation that such consent was not given.
6. In the event the client and/or third parties are of the opinion that the health of the horse at the time of the present examination does not correspond to that which is stated in the examination report, these parties must report this to the other party without delay and in writing (for example, together with the purchase contract), under penalty of the lapsing of every right of action against the examining veterinarian and/or the veterinarian practice, and to hold this party liable for compensation, while also simultaneously providing a copy of this report to the examination veterinarian and the veterinarian practice.
7. The laws of the Netherlands shall apply exclusively to any disputes arising from the performance of the examination and/or the completion of the examination report, and the Court of the Netherlands shall retain sole jurisdiction to hear these disputes.
8. In the event of differing interpretations between the Dutch and English text of these conditions, the content of the Dutch text shall be decisive.

Thus examined and reported by me:  
Drs. L.B. Poorthuis  
 veterinary surgeon in:  
Thijlaan 6  
Oldenzaal

This report can relate only to the appearance on the date of examination: 01-4-2021

Signature of Client: \_\_\_\_\_

Signature of examining veterinary surgeon:



General and clinical examination

	normal	abnormal	
conformation and stance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
skin and coat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
mucous membranes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
lymph nodes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
eyes and eyelids	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<b>Respiratory system</b>			
respiration at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
type of respiration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
spontaneous coughing	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____
larynx sensitivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
respiration after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
abnormal sounds	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____
laryngoscopy performed	<input type="checkbox"/> no	<input type="checkbox"/> yes	_____
laryngoscopy findings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
<b>Circulatory system</b>			
peripheral circulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
heart at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
heart after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<b>Digest. system</b> (ext. insp.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
mouth, teeth, tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<b>Urogen. system</b> (ext. insp.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<b>Nervous system</b>			
tail tone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
correction reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

Inspection, palpation and eventual percussion

	normal	abnormal	
head	<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"/>	_____
croup	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
left frontlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
right frontlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
left hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
right hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<b>Hooves</b>			
horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
hoof shape	<input type="checkbox"/> even	<input type="checkbox"/> uneven	_____ higher than _____
shoeing	<input type="checkbox"/> no	<input type="checkbox"/> front / front and hind	_____
type of shoeing			_____

Walk, trot and canter

	normal	abnormal	
<b>Walking on hard surface</b>			
straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<b>Trotting on hard surface</b>			
straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<b>Trotting on soft surface</b>			
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<b>Cantering on soft surface</b>			
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

Flexion tests:

Forced flexion:		Trotting after 1 min. flexion:
LF not sensitive / <del>sensitive</del>	LF <input type="checkbox"/> - <input type="checkbox"/> ± <input type="checkbox"/> + <input type="checkbox"/> ++	
RF not sensitive / <del>sensitive</del>	RF <input type="checkbox"/> - <input type="checkbox"/> ± <input type="checkbox"/> + <input type="checkbox"/> ++	
LH not sensitive / <del>sensitive</del>	LH <input type="checkbox"/> - <input type="checkbox"/> ± <input type="checkbox"/> + <input type="checkbox"/> ++	
RH not sensitive / <del>sensitive</del>	RH <input type="checkbox"/> - <input type="checkbox"/> ± <input type="checkbox"/> + <input type="checkbox"/> ++	

Radiological examination performed:  yes  no  
 Number of X rays: 24 (31.3.2021)

Assessment of radiographs:

		Grading	
Navicular bone	LF	<input type="text" value="1"/>	RF <input type="text" value="1"/>
Fetlock joint	LF	<input type="text" value="1"/>	RF <input type="text" value="1"/>
Sesamoid bones	LF	<input type="text" value="1"/>	RF <input type="text" value="1"/>
Tarsal joint	LH	<input type="text" value="1"/>	RH <input type="text" value="1"/>

	Fragments		Remarks
	-	+	
Fetlock joint	LF <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fetlock joint	RF <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Stifle joint	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Stifle joint	RH <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Tarsal joint	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Tarsal joint	RH <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fetlock joint	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fetlock joint	RH <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

Radiological exam of other parts / extra findings:

4 X rays of the back  
no abnormalities enough space between vertebrae

Other remarks:

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