

Mark Deuss
 Veterinary Surgeon

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Examination Report

"JXIA AU KEUP"
 (CASLOTT DES VAUX)

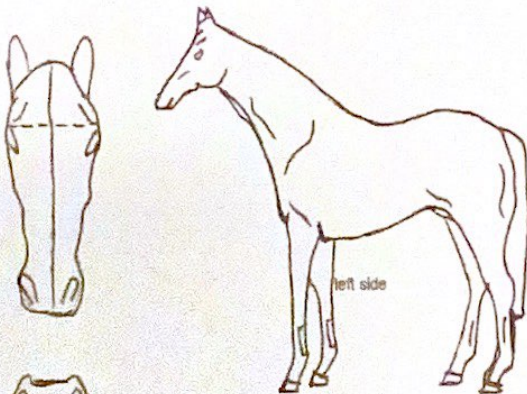
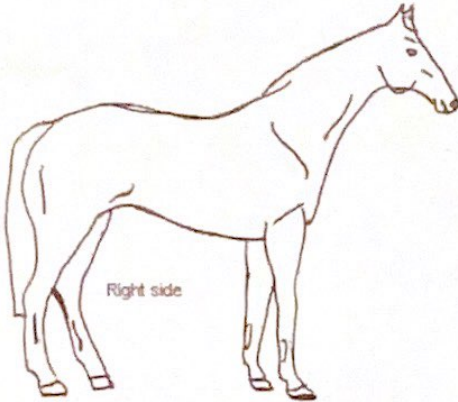
Examination for the purpose of purchase, sale insurance

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

Description

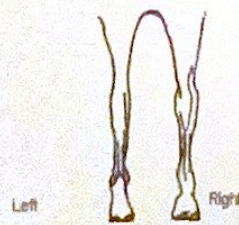
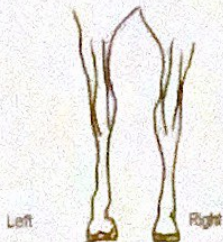
Race or Type: SF
 Pedigree no.: 25000 1181777972
 Age: 2018 / APRIL 14
 Sex: FEMALE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: CHESTNUT
 Outline: _____

gr stubbelpapers!
microchip nr: 250258500196228



Hind rear view

fore rear view



General Examination

Build and posture: good/deviant
 Feeding condition: good/deviant
 Skin and hair: good/deviant
 Pulse in condition of rest/possibly after labour: 85
 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 type="checkbox"/>	<input type="checkbox"/>
Circulation system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Digestion system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urogenital system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nervous system	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion system:

Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Palpation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Percussion	<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"/>
Groin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left forefoot	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right forefoot	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	equal	not equal
Fronts hoofs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoof visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Walking on hard ground

	not deviant	deviant
straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on hard ground

straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
left small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on soft ground

left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cantering/Galloping on soft ground

left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Necessary results of any other x-ray examinations

Number: JXIA AU KEUP

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 RE 21/DEC/17.

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on (date) 17 DEC 2017

(Signature and stamp)
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