

Walking on hard ground not deviant deviant

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:
 L not possible / possible
 R not possible / possible

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: "JULIE COEUR 4/D WIEL 2"

After the examination blood/no blood was taken to search for illegal practices.
 If necessary laboratory results:

JW CONSIGNATION

FINAL CONCLUSION
 CLINICAL IN GENERAL A
 POSITIVE ADVICE ON THE
 DAY OF THE EXAMINATION
 14 JULY 2022

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on:
 (date) 14 July 2022

(Signature and stamp)
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Examination Report

"JOLIE COEUR VD WIEL 2"

(JACABELLO)

Examination for the purpose of purchase, sale insurance

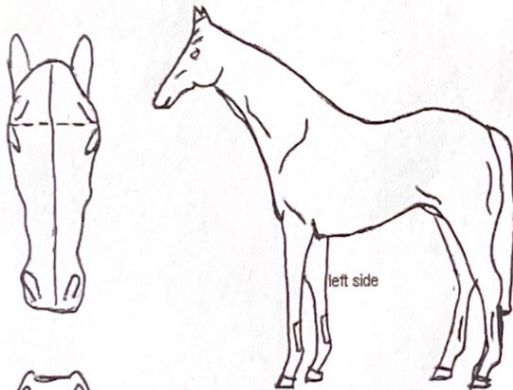
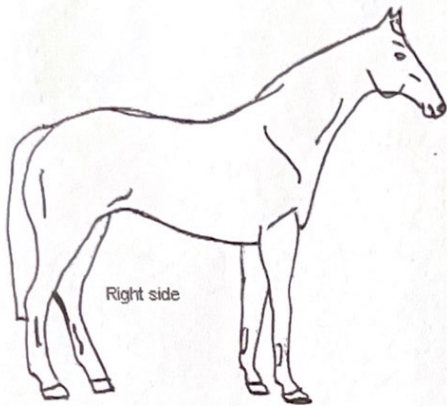
Company: _____
 Horse/Berry is used for: SPORTS
 Client: _____
 Address: _____
 Postal code and town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

Description

Race or Type: Z
 Pedigree no.: 056015 2554 540 19
 Age: 22 FEB 2019
 Sex: FEMALE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: BAY
 Outline: _____

fr. STUBBOHPAPERS!

microchipnr.: 528210004901851.



Hind rear view

fore rear view



Right



Left

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 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"/> |

Fronts hoofs

| | equal | not equal |
|-----------------|-------------------------------------|--------------------------|
| 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"/> |