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## Examination Report

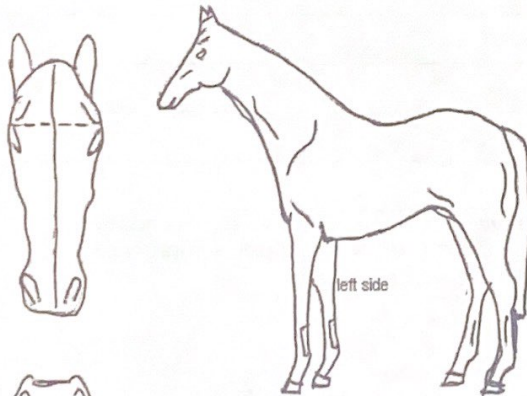
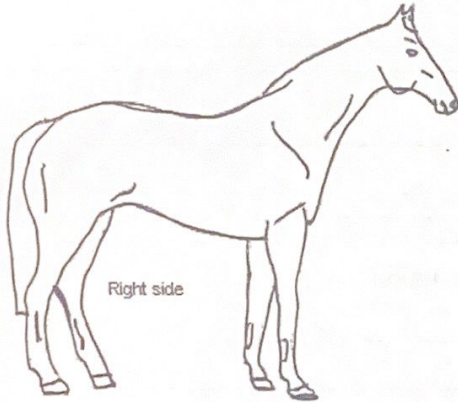
"Lucky"

### 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 \_\_\_\_\_

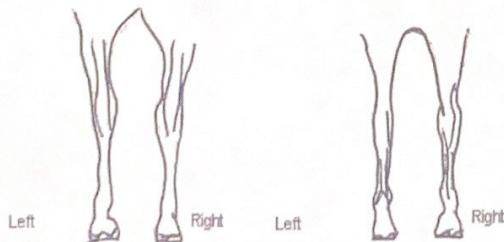
### Description

Race or Type: APPA LOOSA  
 Pedigree no.: 528 0130 16011 005  
 Age: 08 April 2016  
 Sex: FEMALE  
 Shoulder height: \_\_\_\_\_  
 Level of training: SPORTS  
 Colour: Black / PINTALOOSA  
 Outline: \_\_\_\_\_



Hind rear view

fore rear view



ok. sound book on PERS!

Microchip nr.: 528210004910755

### 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: 55  
 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 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"/>

**Walking on hard ground**

straight line	<input checked="" type="checkbox"/>	not deviant	<input type="checkbox"/>	deviant
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	<input checked="" type="checkbox"/>	not sensitive/sensitive
Right forefoot	<input checked="" type="checkbox"/>	not sensitive/sensitive
Left hind leg	<input checked="" type="checkbox"/>	not sensitive/sensitive
Right hind leg	<input checked="" type="checkbox"/>	not sensitive/sensitive
Trotting off after two minutes bending		

LF	-	±/	+/	++
RF	-	±/	+/	++
LH	-	±/	+/	++
RH	-	±/	+/	++
L	-	±/	+/	++
R	-	±/	+/	++

Hock:

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: Lucky

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 2021/AUG/19

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) 19/AUG/2021

(Signature and stamp)

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