

Mark Deuss
 Veterinary Surgeon

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Examination Report

"MARLENE"
 (DURANGO VDL)

Examination for the purpose of purchase, sale insurance

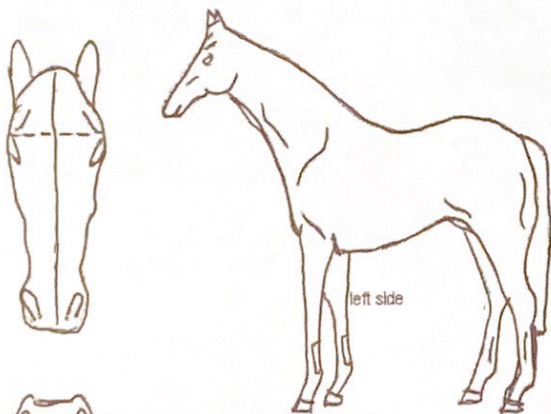
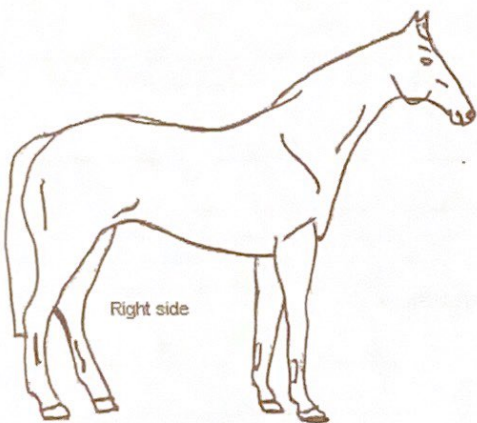
Company: _____
 Horse/Pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code and town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

Description

Race or Type: KWPN
 Pedigree no.: 52800320170476
 Age: 28 May 2017
 Sex: FEMALE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: Bay
 Outline: _____

cf. STUDBOOK PAPERS!

microchip nr.: 528210004670923



Hind rear view

fore rear view



Left

Right



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: NS
 Respiration in condition of rest/possibly after labour: NS
 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 | | |
| 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"/> |

equal/not equal

not deviant deviant

Walking on hard ground

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 ±/ ±/ ±/ ±/

Hock: L ±/ ±/ ±/ ±/

 R ±/ ±/ ±/ ±/

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 DD 03/11/2020

| | good | fair | bad |
|--------------|-------------------------------------|--------------------------|------------------------------|
| Navicular LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Navicular RF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Fetlock LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 2 |
| Fetlock RF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Fetlock LH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Fetlock RH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Hock L | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Hock R | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 2 |
| Stifle L | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1 |
| Stifle R | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1 |

Necessary results of any other x-ray examinations

Number: "MARLENE"

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

IN CONSIGNATION

FINAL CONCLUSION

CLINICAL & RADIOLOGICAL
(X-RAYS DD 03/11/2020) IN
GENERAL ACCEPTABLE FOR SPORT
ON THE DAY OF THE EXAMINATION
IE 2021/JAN/20

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) 20/JAN/2021

CRÖNTGENCENTRUM BEESTEREN

(Signature and stamp)

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