

Mark Deuss  
 Veterinary Surgeon

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## Examination Report

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

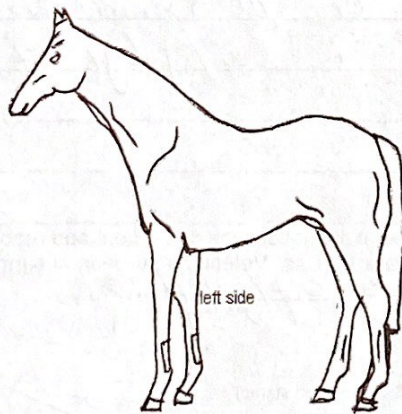
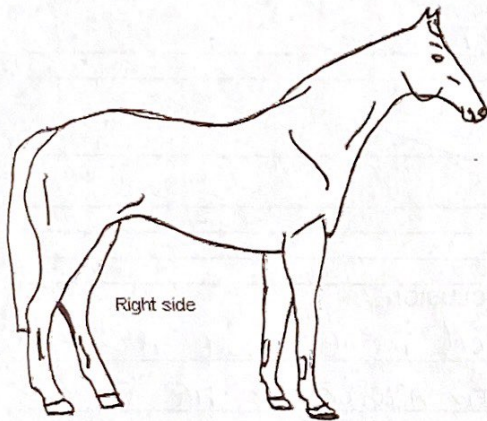
Race or Type: KWPN  
 Pedigree no.: 528003201701648  
 Age: 21 APRIL 2017  
 Sex: MALE  
 Shoulder height: \_\_\_\_\_  
 Level of training: SPORTS  
 Colour: D. Bay  
 Outline: \_\_\_\_\_

"MARSINO"

(DIAMANT DE SEMILLY)

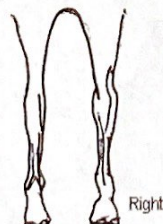
cf. STUDBOOK PAPERS

microchip nr.: 528210004705061



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: 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 corneal 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"/>

	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"/>



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 -  +/- +/+ +/+

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: MARSINO

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

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

STORED

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

**FINAL CONCLUSION**

CLINICAL IN GENERAL A  
POSITIVE ADVICE AT THE DAY  
OF THE EXAMINATION  
IE 20th / july / 07

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrool on: (date) 07/july/2007

(Signature and stamp)

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