

Mark Deuss
Veterinary Surgeon

Steyvershofstraat 37
3640 Kinrooi (B)
Tel. 0(031)6 537 537 01
mark.deuss@hotmail.com

Examination Report

"MASTER MIND"
(HERMANTICO)

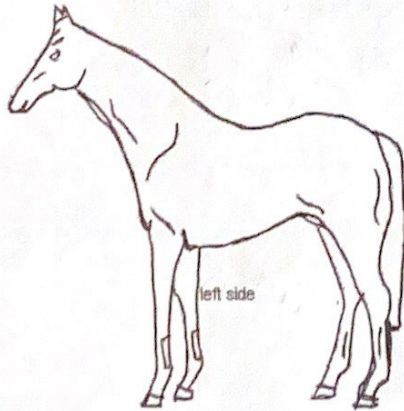
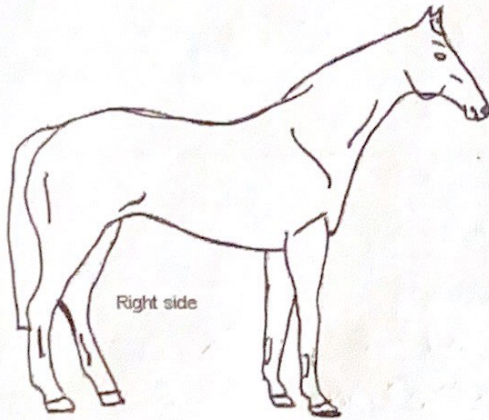
Examination for the purpose of purchase, sale insurance

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

Description

Race or Type: KWAP
Pedigree no.: 528 003 2017 00745
Age: 04/APRIL 2017
Sex: GELDING
Shoulder height: _____
Level of training: SPORTS
Colour: GREY
Outline: _____

DE. STUDBOOKPAPERS!
MICROCHIPNR.: 518210004593568



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: ND
Respiration in condition of rest/possibly after labour: ND
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 checked="" 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

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	<input type="checkbox"/>	sensitive
Right forefoot	<input checked="" type="checkbox"/>	not sensitive	<input type="checkbox"/>	sensitive
Left hind leg	<input checked="" type="checkbox"/>	not sensitive	<input type="checkbox"/>	sensitive
Right hind leg	<input checked="" type="checkbox"/>	not sensitive	<input type="checkbox"/>	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 *D.D. 21/02/2019*

		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"/> 1-2
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"/> 2
Fetlock	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2
Hock	L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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
Back X-rays (dd 23/12/2020)

Number: MASTER MIND

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

JN CONSIGNATION

FINAL CONCLUSION

AFTER MY CLINICAL (& RADIOLOGICAL INTERPRETATION): THIS HORSE PROVED TO BE USEFUL FOR SPORTS AT THE DAY OF THE EXAMINATION IE 2021/JAN/13

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on. (date) 13 JAN 2021

(Signature and stamp)

Mark Deuss
Veterinary Surgeon
Strykerweg 37
3640 Kinrooi (B)
Tel. 0031 6 537 537 01