

Mark Deuss
Veterinary Surgeon

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

Examination Report

"M"
(A Golden Boy HERO 2)

Examination for the purpose of purchase, sale insurance

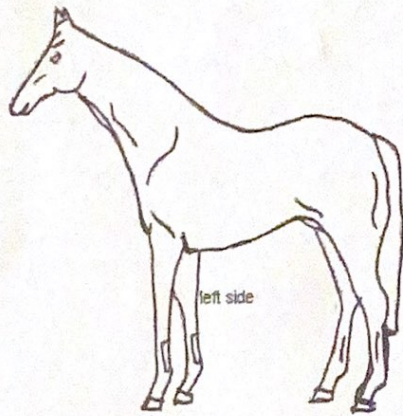
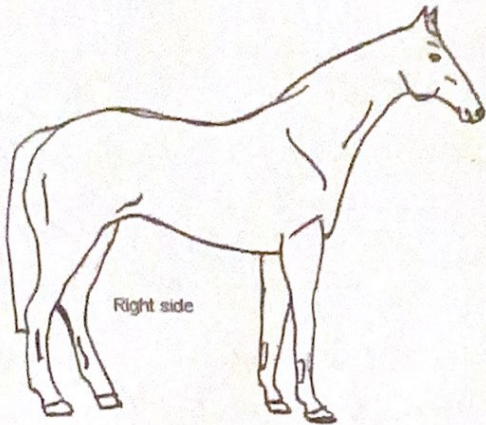
Company: _____
Horse/Pony is used for: SPORTS
Client: _____
Address: _____
Postal code and town: _____
Buyer Seller Owner: _____
Present Yes/No _____

Description

Race or Type: KWPN
Pedigree no: 528003201708915
Age: 13 (MAY 1 2017)
Sex: GELINGS
Shoulder height: _____
Level of training: SPORTS
Colour: BAY
Outline: _____

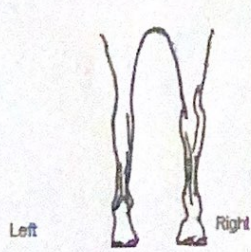
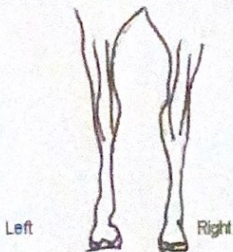
cf. STUD BOOK PAPERS!

MC No KWPN: 51821 000 4314670



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: 105
Respiration in condition of rest/possibly after labour: 105
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"/>

	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"/>