

Mark Deuss
 Veterinary Surgeon

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Examination Report

"NANDO"
 (UNTOUCHABLE)

Examination for the purpose of purchase, sale insurance

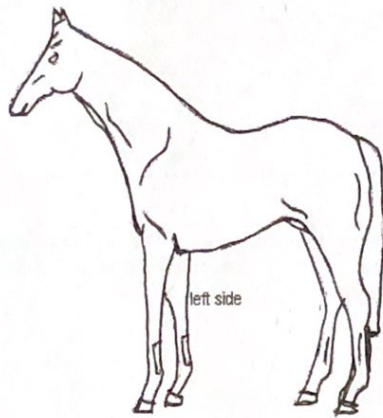
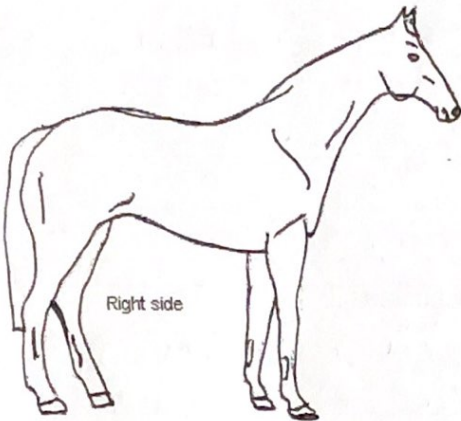
Company: _____
 Horse/Pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code and town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

Description

Race or Type: KWPN
 Pedigree no.: 528003201802826
 Age: 30 APRIL 2018
 Sex: GELDING
 Shoulder height: _____
 Level of training: SPORTS
 Colour: GREY
 Outline: _____

gr. 5 TUD BOOK PAPERS!

microchip nr.: 528210004722103



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: 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 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"/>

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"/> not deviant	<input type="checkbox"/> deviant
Right small volt	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant

Trotting on hard ground

straight line	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant
left small volt	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant
right small volt	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant

Trotting on soft ground

left volt	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant
right volt	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant

Cantering/Galloping on soft ground

left volt	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant
right volt	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant

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 -1	+	+	+	+
RF -1	+	+	+	+
LH -1	+	+	+	+
RH -1	+	+	+	+
L -1	+	+	+	+
R -1	+	+	+	+

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: MANDO

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

JN CONSIGNATION

FINAL CONCLUSION

CLINICAL IN GENERAL A
POSITIVE ADVICE ON THE
DAY OF THE EXAMINATION
IE 21/JUNE/14.

The examination was carried out and reported by
Mark Deuss, Veterinary surgeon at Kinrooi on:
(date) 14 JUNE 2014.

(Signature and stamp)

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