

Examination Report

"NANDORADO"

CEL DORADO VAN DE ZES HOEK

Examination for the purpose of purchase, sale insurance

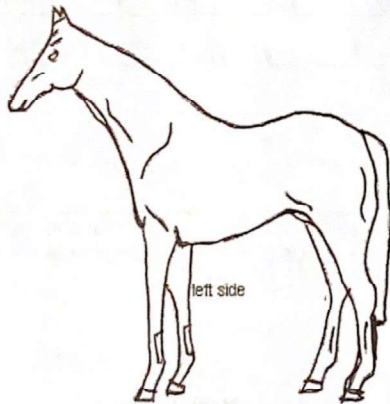
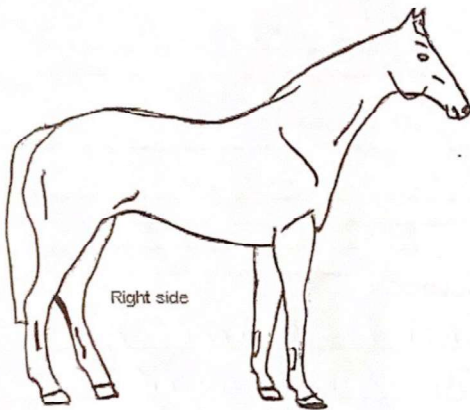
Company: _____
 Horse/Pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code and town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

Description

Race or Type: KWPN
 Pedigree no.: 52800321807086
 Age: 09/ MAY/ 2013
 Sex: STALLION
 Shoulder height: _____
 Level of training: SPORTS
 Colour: BAY
 Outline: _____

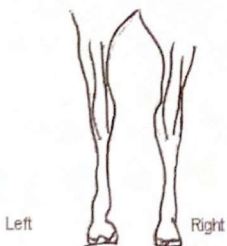
SPR. STUDBOOKPAPERS!

MICROCHIPNR.: 528210004873098



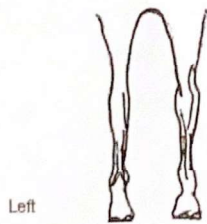
Hind rear view

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 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"/> |

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 -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: NANDORADO

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

IN CONSIGNATION

FINAL CONCLUSION

CLINICAL IN GENERAL A
POSITIVE ADVICE ON THE
DAY OF THE EXAMINATION
IE 22/1/MARCH/15

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrool on:
(date) 15/MARCH/201

(Signature and stamp)

Mark Deuss
Veterinary Surgeon
Steyvershoofstraat 37
3640 Kinrool (B)
Tel. 0031 6 537 537 01