

Mark Deuss
Veterinary Surgeon

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

Examination Report

"NATHAN C"

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 _____

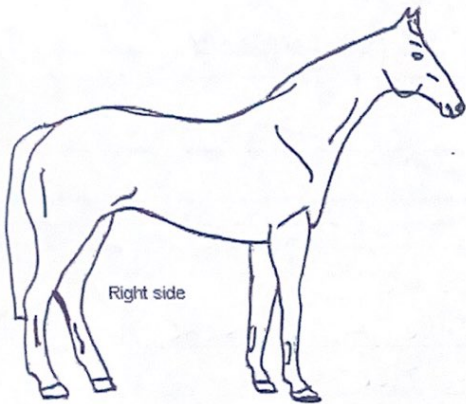
Description

Race or Type: KWPN
Pedigree no.: 528 003 2018 04740
Age: 1st May 2018
Sex: GELDING
Shoulder height: _____
Level of training: SPORTS
Colour: D. CHESTNUT
Outline: _____

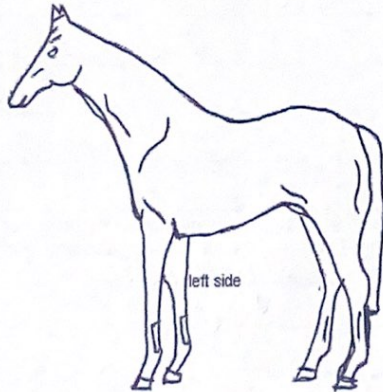
C GLASGOW - W - UK
MERELSNEST

fr. STUBB. u. papers

microchip nr.: 528210004822271



Right side



left side



muzzle

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: 100
Respiration in condition of rest/possibly after labour: 50
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"/>
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"/>

equal not equal

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 +/- ++
 LG -1 +/- ++
 RG -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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular	RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Necessary results of any other x-ray examinations

Number: "NATHAN C"

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 22/22/july 18

The examination was carried out and reported by
 Mark Deuss, Veterinary surgeon at Kinrooi on:
 (date) 22/22/july 18

(Signature and stamp)

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