

Mark Deuss
Veterinary Surgeon

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Examination Report

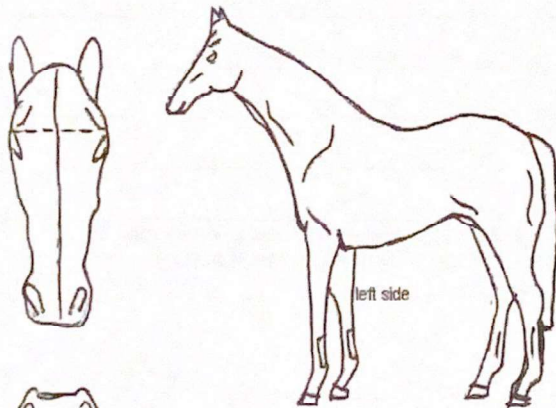
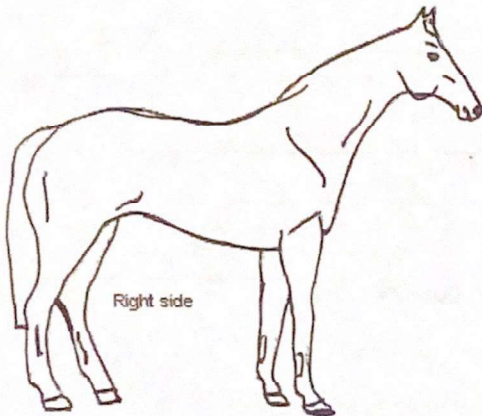
"NAVIGATOR k"
(CEMIR R)

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 _____

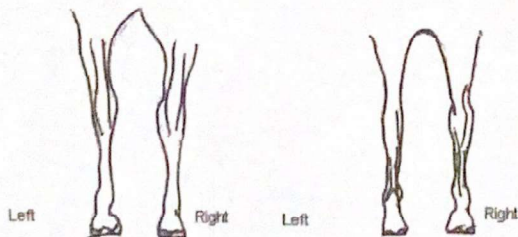
Description

Race or Type: KWPN
Pedigree no.: SP3 003 2018 00343
Age: 15/MARCH 2018
Sex: BELDING
Shoulder height: _____
Level of training: SPORTS
Colour: BAY
Outline: _____
_____ gp. 5 mdr Bookpapers?
_____ microchip nr: 52321 0004875590



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: 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 corneae 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 | | |
| 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

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 ~~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 | - | + | + | + |
| RF | - | + | + | + |
| LH | - | + | + | + |
| RH | - | + | + | + |
| L | - | + | + | + |
| R | - | + | + | + |

Hock:

Fixing the kneecap

L not possible / possible
 R not possible / possible

Number: "NAVIGATOR 6"

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 2021/APRIL/08

if necessary conductivity anaesthesia in consultation with the owner:

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) 03/ APRIL / 2021

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"/> |

(Signature and stamp)

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Necessary results of any other x-ray examinations
