

Mark Deuss
 Veterinary Surgeon

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Examination Report

"NEVADA NANCY"
 CCARRERA VDB

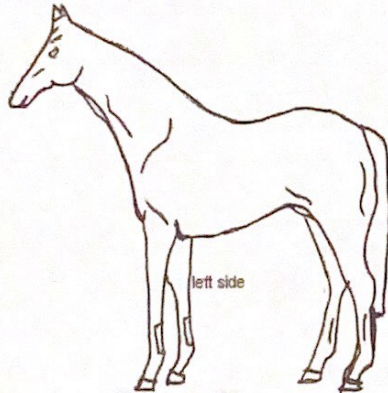
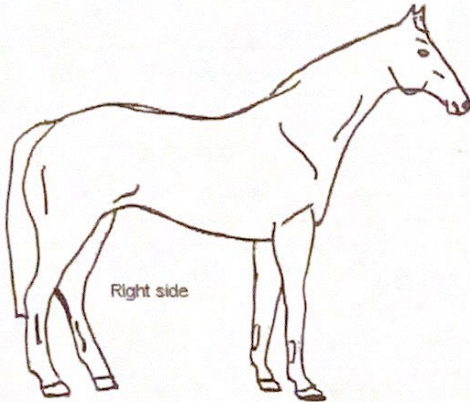
Examination for the purpose of purchase, sale insurance

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

Description

Race or Type: KWPN
 Pedigree no.: 523003215 06061
 Age: 29 May 2018
 Sex: FEMALE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: BAY
 Outline: _____

JK STUBBOKPAPERS!
Microchip nr: g110000 10334g82



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"/> |

Walking on hard ground not deviant deviant

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
 RF
 LH
 RH
 L
 R

Hock:

Fixing the kneecap

L not possible / possible
 R not possible / possible

Number: "NEVADA NANCY"

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 ADVISE ON THE
 DAY OF THE EXAMINATION
 IE 2021/DEC/02

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) 02/DEC/21

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

(Signature and stamp)

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