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 Veterinary Surgeon

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### Examination Report

"NEWMAN"  
 (CAPE CORAL RBT)

**Examination for the purpose of purchase, sale insurance**

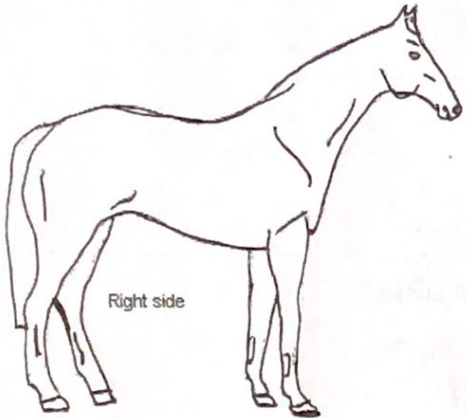
Company: \_\_\_\_\_  
 Horse/Pony is used for: SPORTS  
 Client: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal code and town: \_\_\_\_\_  
 Buyer Seller Owner: \_\_\_\_\_  
 Present Yes/No \_\_\_\_\_

**Description**

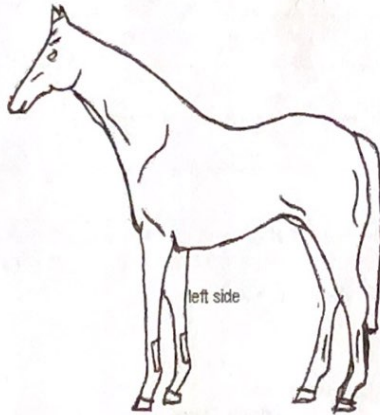
Race or Type: KWPN  
 Pedigree no.: 528 003 201 802675  
 Age: 04 MAY 2018  
 Sex: GELDING  
 Shoulder height: \_\_\_\_\_  
 Level of training: SPORTS  
 Colour: Bay  
 Outline: \_\_\_\_\_

gr. STUBBOLPAPERS!

Microchip no.: 52821000482280



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: 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**

	<u>equal</u>	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	<del>not sensitive/sensitive</del>
Right forefoot	<del>not sensitive/sensitive</del>
Left hind leg	<del>not sensitive/sensitive</del>
Right hind leg	<del>not sensitive/sensitive</del>

Trotting off after two minutes bending

LF	-	+	+	+	+
RF	-	+	+	+	+
LH	-	+	+	+	+
RH	-	+	+	+	+
L	+	+	+	+	+
R	+	+	+	+	+

Hock:

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: NEWMAN

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 20th JUNE 14

The examination was carried out and reported by  
Mark Deuss, Veterinary surgeon at Kinrool on:  
(date) 14 JUNE 2021

(Signature and stamp)

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