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 Veterinary Surgeon

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Examination Report

"NEYMAR WILZ"
 (CEASTER Boy)

Examination for the purpose of purchase, sale insurance

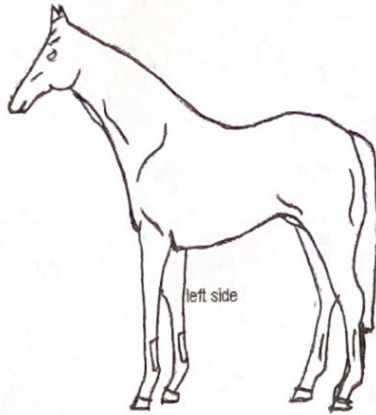
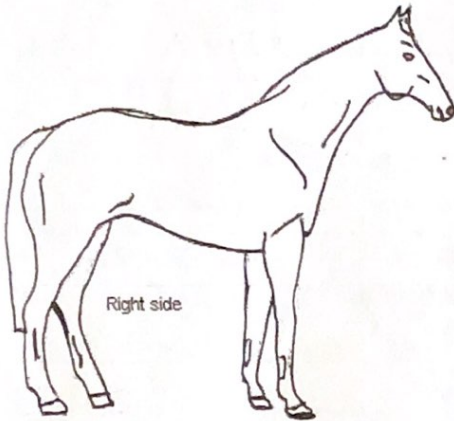
Company: _____
 Horse/Pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code and town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

Description

Race or Type: AES
 Pedigree no.: 826 002 180882656
 Age: 10 MAY 2018
 Sex: ♂
 Shoulder height: _____
 Level of training: SPORTS
 Colour: BAY
 Outline: _____

GR. STUBBOOKPAPERS!

MICROCHIP: 528210004214002



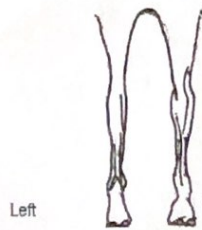
Hind rear view

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"/>

	equal	not equal
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"/>

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
 Right forefoot
 Left hind leg
 Right hind leg
 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: NEYMAR WILZ

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 1994

The examination was carried out and reported by
 Mark Deuss, Veterinary surgeon at Kinrool on:
 (date) 14 JUNE 2001

(Signature and stamp)

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