

Mark Deuss
 Veterinary Surgeon

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

Examination Report

"NO FEAR"
 (CJBOLENSKY)

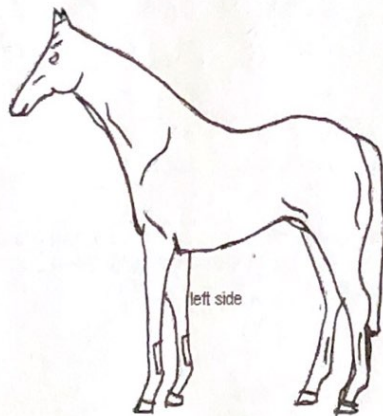
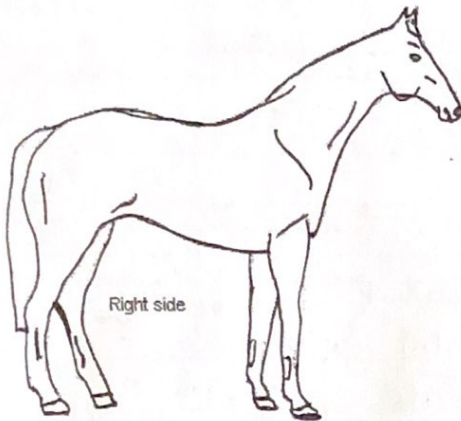
Examination for the purpose of purchase, sale insurance

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.: 528003 20180211
 Age: 06 JUNE 2018
 Sex: FEMALE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: D.BAY
 Outline: _____

Dr. STUBBOOPAPERS!
Microchipnr.: 52821000 4863841



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: 70
 Respiration in condition of rest/possibly after labour: 20
 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	<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

Walking on hard ground

straight line	<input checked="" type="checkbox"/>	not deviant	<input type="checkbox"/>	deviant
Left small volt	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Right small volt	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

Trotting on hard ground

straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
left small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on soft ground

left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cantering/Galloping on soft ground

left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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: NO FEAR

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
14 JUNE 2021

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

(Signature and stamp)

 Mark Deuss
 Veterinary Surgeon
 Steyvershoofstraat 37
 6640 Kinrooi (B)
 Tel. 0032 8 537 537 01