

**Examination report**

(Formulated by the Netherlands Equine Veterinary Association of the Royal Netherlands Veterinary Association. The pre-purchase examination was performed using the handbook "De veterinaire keuring van het paard" issue 2007 as a guidance).

Number: E 127570

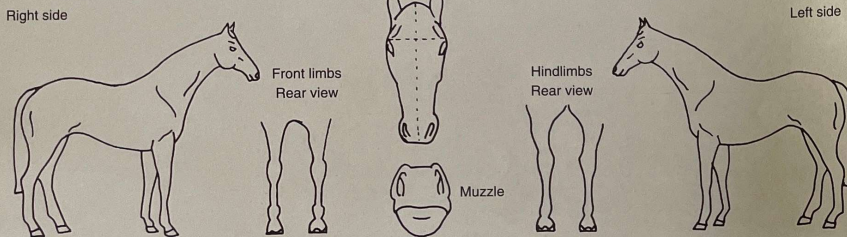
**Signalment**

Name: Noctavia  
 Breed or type: Wpw  
 Studbook no: 01810943  
 Microchip number: S20210004829585  
 Pedigree: Icaro B x Lavakito  
 Age: 4 j Sex: female  
 Coat colour: bay Height at withers ±:

Client is present at the exam: yes / no  
 Client is: buyer / seller / other, namely  
 Level of training (according to client):  
 Proposed use (according to client): breeding / sport  
 Location where the exam takes place: clinic / other, namely

**Markings**

Head:  
 LF: \_\_\_\_\_ LH: \_\_\_\_\_  
 RF: \_\_\_\_\_ RH: \_\_\_\_\_  
 Other: \_\_\_\_\_



Evidence seen of possible behavioural vices? yes / no (If yes: detail: \_\_\_\_\_)  
 Blood collected and put into custody by the examining veterinary surgeon? yes / no  
 Blood sample tested for prohibited substances at client's request? yes / no

Veterinary practice (stamp):  
**Drs HGGM van Enckevort**  
 FEI Dierenarts  
 St Oedenrode

1. The examining veterinary surgeon and/or veterinary practice shall not be held liable for loss or damage caused as a result of the performance of the examination or as a result of inaccuracies or shortcomings in their preparation of this report, unless it has been established that this loss or damage is due to malice or negligence on the part of the examining veterinary surgeon.  
 2. The client shall have the sole right to invoke any action due to liability on the part of the examining veterinary surgeon and/or veterinary practice as described under 1 above. Parties other than the client shall not be entitled to derive any rights to compensation for damages arising from this examination/report.  
 3. Liability shall be limited to that amount covered by the veterinary surgeon's professional indemnity insurance applicable at the time of the examination. Details of this coverage in the form of policy documents for this insurance may be inspected at the veterinary practice premises, and copies of these may be obtained at first request from the veterinary practice at no charge.  
 4. The provisions printed on this examination report shall also apply in the event the client fails to sign this form, or refuse to accept receipt of this examination report.  
 5. If the client upon whose instructions the examination was performed is not the owner of the horse, the client is wholly responsible for having obtained the owner's consent to all procedures performed during the examination, and the client shall fully indemnify the veterinary surgeon in respect of any claim by the owner arising from an allegation that such consent was not given.  
 6. In the event the client and/or third parties are of the opinion that the health of the horse at the time of the present examination does not correspond to that which is stated in the examination report, these parties must report this to the other party without delay and in writing (for example, together with the purchase contract), under penalty of the lapsing of every right of action against the examining veterinarian and/or the veterinarian practice, and to hold this party liable for compensation, while also simultaneously providing a copy of this report to the examination veterinarian and the veterinarian practice.  
 7. The laws of the Netherlands shall apply exclusively to any disputes arising from the performance of the examination and/or the completion of the examination report, and the Court of the Netherlands shall retain sole jurisdiction to hear these disputes.  
 8. In the event of differing interpretations between the Dutch and English text of these conditions, the content of the Dutch text shall be decisive.

Signature of Client:

CONCLUSION: Positief  
Clinically sound sporthorse

Thus examined and reported by me:  
Drs HGGM - Enckevort  
 veterinary surgeon in:  
St Oedenrode

This report can relate only to the appearance on the date of examination: 28-06-2022

Signature of examining veterinary surgeon:

**Examination report**

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**General and clinical examination**

|                                    |                                     |                          |
|------------------------------------|-------------------------------------|--------------------------|
|                                    | normal                              | abnormal                 |
| conformation and stance            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| condition                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| skin and coat                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| mucous membranes                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| lymph nodes                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| eyes and eyelids                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Respiratory system</b>          |                                     |                          |
| respiration at rest                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| type of respiration                | <input type="checkbox"/>            | <input type="checkbox"/> |
| spontaneous coughing               | <input type="checkbox"/>            | <input type="checkbox"/> |
| larynx sensitivity                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| respiration after exercise         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| abnormal sounds                    | <input type="checkbox"/>            | <input type="checkbox"/> |
| laryngoscopy performed             | <input type="checkbox"/>            | <input type="checkbox"/> |
| laryngoscopy findings              | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Circulatory system</b>          |                                     |                          |
| peripheral circulation             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| heart at rest                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| heart after exercise               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Digest. system</b> (ext. insp.) |                                     |                          |
| mouth, teeth, tongue               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Urogen. system</b> (ext. insp.) |                                     |                          |
| <b>Nervous system</b>              |                                     |                          |
| tail tone                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| correction reflexes                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| coordination                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Inspection, palpation and eventual percussion**

|                 |                                     |                          |
|-----------------|-------------------------------------|--------------------------|
|                 | normal                              | abnormal                 |
| head            | <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"/> |
| croup           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| left frontlimb  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| right frontlimb | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| left hindlimb   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| right hindlimb  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Hooves</b>   |                                     |                          |
| horn quality    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| hoof percussion | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| hoof shape      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| shoeing         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| type of shoeing | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

even / uneven / higher than  
 -no/ front/ front and hind  
normal

**Walk, trot and canter**

|                                  |                                     |                          |
|----------------------------------|-------------------------------------|--------------------------|
|                                  | normal                              | abnormal                 |
| <b>Walking on hard surface</b>   |                                     |                          |
| straight line                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| small circle on the left         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| small circle on the right        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Trotting on hard surface</b>  |                                     |                          |
| straight line                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| small circle on the left         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| small circle on the right        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Trotting on soft surface</b>  |                                     |                          |
| small circle on the left         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| small circle on the right        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Cantering on soft surface</b> |                                     |                          |
| small circle on the left         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| small circle on the right        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Flexion tests:**

Forced flexion:  
 LF not sensitive / sensitive  
 RF not sensitive / sensitive  
 LH not sensitive / sensitive  
 RH not sensitive / sensitive

Trotting after 1 min. flexion:  
 LF +  
 RF +  
 LH +  
 RH +

Radiological examination performed:  yes  no  
 Number of X rays:

**Assessment of radiographs:**

|                |    |                          |                             |
|----------------|----|--------------------------|-----------------------------|
|                |    | Grading                  |                             |
| Navicular bone | LF | <input type="checkbox"/> | RF <input type="checkbox"/> |
| Fetlock joint  | LF | <input type="checkbox"/> | RF <input type="checkbox"/> |
| Sesamoid bones | LF | <input type="checkbox"/> | RF <input type="checkbox"/> |
| Tarsal joint   | LH | <input type="checkbox"/> | RH <input type="checkbox"/> |
|                |    | Fragments                | Remarks                     |
|                |    | -                        | +                           |
| Fetlock joint  | LF | <input type="checkbox"/> | <input type="checkbox"/>    |
| Fetlock joint  | RF | <input type="checkbox"/> | <input type="checkbox"/>    |
| Stifle joint   | LH | <input type="checkbox"/> | <input type="checkbox"/>    |
| Stifle joint   | RH | <input type="checkbox"/> | <input type="checkbox"/>    |
| Tarsal joint   | LH | <input type="checkbox"/> | <input type="checkbox"/>    |
| Tarsal joint   | RH | <input type="checkbox"/> | <input type="checkbox"/>    |
| Fetlock joint  | LH | <input type="checkbox"/> | <input type="checkbox"/>    |
| Fetlock joint  | RH | <input type="checkbox"/> | <input type="checkbox"/>    |

**Radiological exam of other parts / extra findings:**

**Other remarks:**