

Examination report

Number: E123112

(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).

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 _____

Signalment

Name: Nova Star H3

Breed or type: KWPN

Studbook no: 52800 320 1803343

Microchip number: 52321000 4822720

Pedigree: Comme il faut x Phinphi

Age: 3y. Sex: female

Coat colour: Bay Height at withers ± :

Markings

Acc. persop ✓

Head: _____

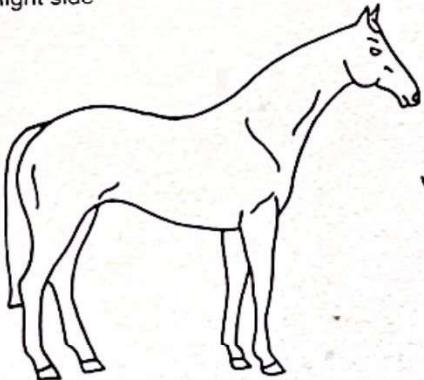
LH: _____

LF: _____

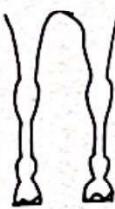
RH: _____

Other: _____

Right side

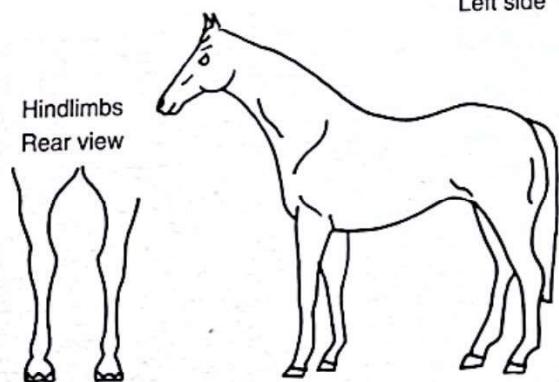


Front limbs
Rear view

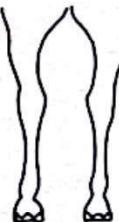


Muzzle

Left side



Hindlimbs
Rear view



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

CONCLUSION:

No significant remarks

A positive advise

Thus examined and reported by me:

Drs. B. van Vlierbergen

veterinary surgeon in:

Zieuwstra

This report can relate only to the appearance on the date of examination:

13 oct. 2021

Signature of Client:

Signature of examining veterinary surgeon:

General and clinical examination

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

Inspection, palpation and eventual percussion

	normal	abnormal
head	<input checked="" type="checkbox"/>	<input type="checkbox"/>
neck	<input type="checkbox"/>	<input type="checkbox"/>
withers	<input type="checkbox"/>	<input type="checkbox"/>
back	<input checked="" type="checkbox"/>	<input type="checkbox"/>
croup	<input type="checkbox"/>	<input type="checkbox"/>
left frontlimb	<input type="checkbox"/>	<input type="checkbox"/>
right frontlimb	<input type="checkbox"/>	<input type="checkbox"/>
left hindlimb	<input type="checkbox"/>	<input type="checkbox"/>
right hindlimb	<input type="checkbox"/>	<input type="checkbox"/>
Hooves		
horn quality	<input type="checkbox"/>	<input type="checkbox"/>
hoof percussion	<input 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 type="checkbox"/>	<input type="checkbox"/>

Walk, trot and canter

	normal	abnormal
Walking on hard surface		
straight line	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>
Trotting on hard surface		
straight line	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>
Trotting on soft surface		
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>
Cantering on soft surface		
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input 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"/> 1 - 2	RF <input type="checkbox"/> 2
Fetlock joint	LF <input type="checkbox"/> 1 - 2	RF <input type="checkbox"/> 1 - 2
Sesamoid bones	LF <input type="checkbox"/> 1 - 2	RF <input type="checkbox"/> 1 - 2
Tarsal joint	LH <input type="checkbox"/> 2	RH <input type="checkbox"/> 1 - 2

Fragments Remarks

	-	+	
Fetlock joint	LF <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fetlock joint	RF <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Stifle joint	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Stifle joint	RH <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Tarsal joint	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Tarsal joint	RH <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fetlock joint	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fetlock joint	RH <input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

Radiological exam of other parts / extra findings:

Other remarks:

Sound horse