

Mark Deuss
 Veterinary Surgeon

Examination Report

"NOW OR NEVER"
 (INNOVATION)

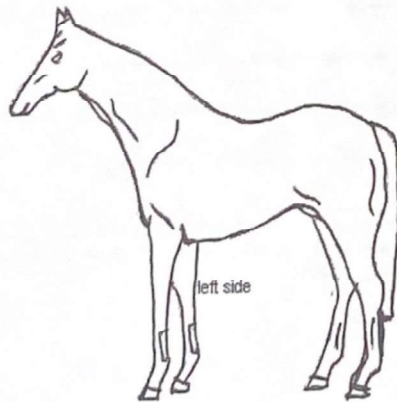
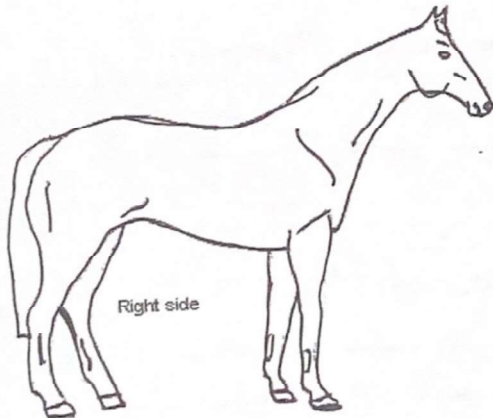
Examination for the purpose of purchase, sale insurance

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

Description

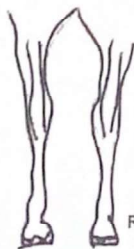
Race or Type: KWPN
 Pedigree no.: S28003201801093
 Age: 01 April 2018
 Sex: Gelding
 Shoulder height: _____
 Level of training: Sports
 Colour: Bay
 Outline: _____

cf. Studbookpapers!
microchipnr: S28210004821677



Hind rear view

fore rear view



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 equal 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

	not deviant	deviant
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"/>

Number: NDW OR NEVER

After the examination blood/no blood was taken to search for illegal practices.
If necessary laboratory results:

Trotting on hard ground

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

Bending tests
Tightening of lower foot or leg

Left forefoot	<u>not sensitive/sensitive</u>	
Right forefoot	<u>not sensitive/sensitive</u>	
Left hind leg	<u>not sensitive/sensitive</u>	
Right hind leg	<u>not sensitive/sensitive</u>	
Trotting off after two minutes bending		
LF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
RF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
LH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
RH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
L	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
R	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Hock:

Fixing the kneecap

L not possible / possible
R not possible / possible

IN CONSIGNATION

FINAL CONCLUSION

AFTER my CLINICAL & RADIOLOGICAL (DAP ELL) EXAMINATION:
THIS HORSE PROVED TO BE HEALTHY AND FIT FOR SPORTS ON THE DAY OF THE EXAMINATION
IE 2021 / FEB / 22

if necessary conductivity anaesthesia in consultation with the owner.

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) 22/02/2021

Results of the X-ray examination (TAKEN BY DAP ELL D.D 06/08/2020)

	good	fair	bad	
Navicular	LF <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-2
Navicular	RF <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-2
Fetlock	LF <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-2
Fetlock	RF <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-2
Fetlock	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-2
Fetlock	RH <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-2
Hock	L <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Hock	R <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-2
Stifle	L <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Stifle	R <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1

(Signature and stamp)

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Necessary results of any other x-ray examinations

