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## Examination Report

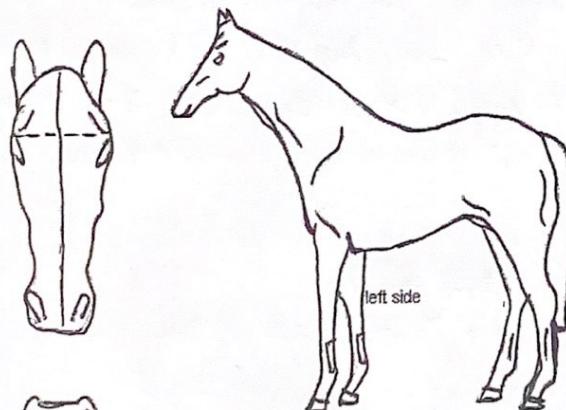
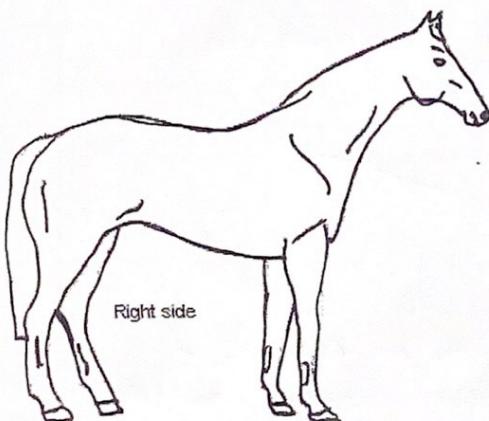
"OKITA V"  
(INNOVATION)

### Examination for the purpose of purchase, sale insurance

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

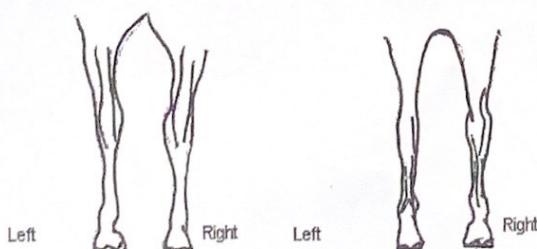
### Description

Race or Type: KWPN  
Pedigree no.: 528003261908773  
Age: 23/july/2019  
Sex: FEMALE  
Shoulder height: \_\_\_\_\_  
Level of training: SPORTS  
Colour: BAY  
Outline: cf. studbookpaper's b  
microchipnr.: 528210006086896



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 cornage operation: present/not present: \_\_\_\_\_

### Further clinical examination

	not deviant	deviant
Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laringoscopy if necessary	<input type="checkbox"/>	<input type="checkbox"/>
Circulation system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Digestion system	<input 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"/>

	not deviant	deviant
<b>Walking on hard ground</b>		
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"/>
<b>Trotting on hard ground</b>		
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"/>
<b>Trotting on soft ground</b>		
left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cantering/Gallopping on soft ground</b>		
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	<input type="checkbox"/> not sensitive/sensitive
Right forefoot	<input type="checkbox"/> not sensitive/sensitive
Left hind leg	<input type="checkbox"/> not sensitive/sensitive
Right hind leg	<input type="checkbox"/> not sensitive/sensitive
Trotting off after two minutes bending	
LF -	<input type="checkbox"/> ± / + / ++
RF -	<input type="checkbox"/> ± / + / ++
LH -	<input type="checkbox"/> ± / + / ++
RH -	<input type="checkbox"/> ± / + / ++
L -	<input type="checkbox"/> ± / + / ++
R -	<input type="checkbox"/> ± / + / ++

Hock:

Fixing the kneecap

L	<input type="checkbox"/> not possible / possible
R	<input type="checkbox"/> not possible / possible

If necessary conductivity anaesthesia in consultation with the owner.

#### Results of the X-ray examination

	good	fair	bad
Navicular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-①
Navicular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-②
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-③
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-④
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Hock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Hock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Stifle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Stifle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2

Necessary results of any other x-ray examinations

X-RAYS BACK DD 18/jan/22: NO SIGNIFICANT ABNORMALITIES

Number: OKITA V

After the examination blood/no blood was taken to search for illegal practices.

If necessary laboratory results:

JN CONSIGNATION

#### FINAL CONCLUSION

Clinical in general a  
positive advice on the

day of the examination

viz 22/Jan/22 (+X-RAYS BACK)

X-rays DD 15/DEC/22: "DEN HAM"

NO SIGNIFICANT ABNORMALITIES

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

ASSESSMENT X-RAYS DD 15/DEC/22 (DEN HAM)

(Signature and stamp)

Mark Deuss

Veterinary Surgeon

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