

Mark Deuss
 Veterinary Surgeon

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Examination Report

"ONE TOP TK"
 (GERARDUS)

Examination for the purpose of purchase, sale insurance

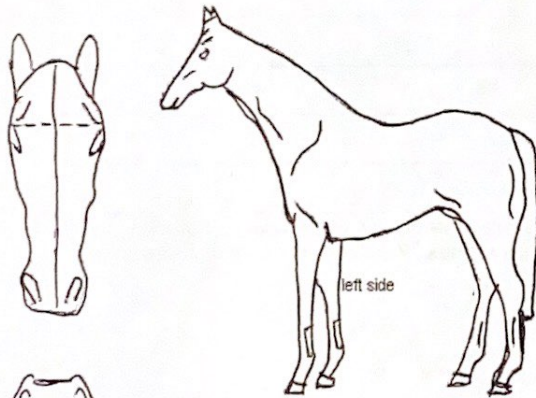
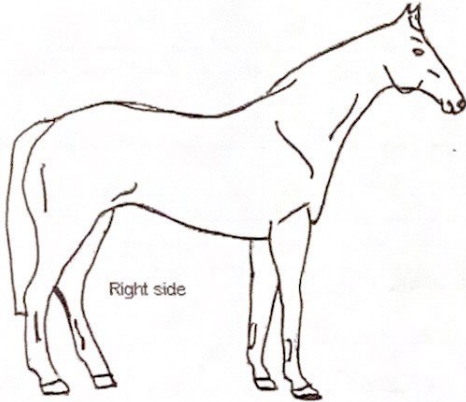
Company: _____
 Horse/pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code ad town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

Description

Race or Type: KESPN
 Pedigree no.: 528 0032a/g 10025
 Age: 09 APRIL 2019
 Sex: GELBINGE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: BAY
 Outline: _____

Ja STUDBOOKPAPERS!

micro chip nr.: 528210006099262



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: 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	<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

not deviant deviant
Walking on hard ground

straight line
 Left small volt
 Right small volt

Trotting on hard ground

straight line
 left small volt
 right small volt

Trotting on soft ground

left volt
 right volt

Cantering/Galloping on soft ground

left volt
 right volt

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 -1 +/- +/ ++
 RF -1 +/- +/ ++
 LH -1 +/- +/ ++
 RH -1 +/- +/ ++
 L -1 +/- +/ ++
 R -1 +/- +/ ++

Hock:

Fixing the kneecap
 L not possible / possible
 R not possible / possible

Number: "ONE TOP Th"

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
 IE 222/MARCH/03

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) 03/MARCH/2022

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"/>

(Signature and stamp)
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Necessary results of any other x-ray examinations