

Mark Deuss  
 Veterinary Surgeon

Steyvershofstraat 37  
 3640 Kinrooi (B)  
 Tel. 0(031)6 537 537 01  
 mark.deuss@hotmail.com

### Examination Report

"PAJANTER EB"  
 (ACTION BREAKER)

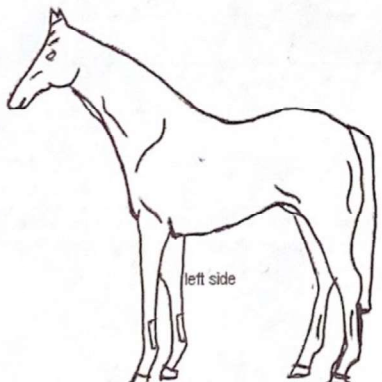
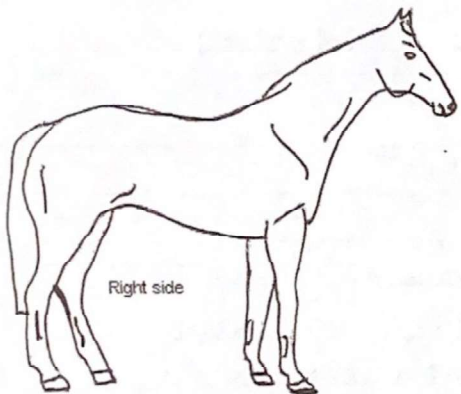
**Examination for the purpose of purchase, sale insurance**

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

**Description**

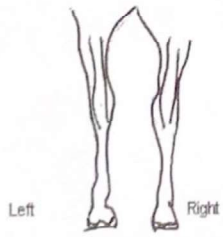
Race or Type: KWPN  
 Pedigree no.: 528003 2020 07705  
 Age: 28 April 2020  
 Sex: Stallion  
 Shoulder height: \_\_\_\_\_  
 Level of training: SPORTS  
 Colour: Grey  
 Outline: \_\_\_\_\_

for studbook papers?  
Microchip no.: 5282100621219



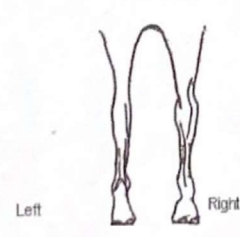
Hind rear view

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: 20  
 Respiration in condition of rest/possibly after labour: 20  
 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"/>
<b>Motion system:</b>		
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

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"/>

Trotting on hard ground

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"/>

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 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	<del>not sensitive</del> /sensitive	
Right forefoot	<del>not sensitive</del> /sensitive	
Left hind leg	<del>not sensitive</del> /sensitive	
Right hind leg	<del>not sensitive</del> /sensitive	

Trotting off after two minutes bending

LF	-	±	+	++
RF	-	±	+	++
LH	-	±	+	++
RH	-	±	+	++
L	-	±	+	++
R	-	±	+	++

Hock:

Fixing the kneecap

L not possible / possible  
R not possible / possible

if necessary conductivity anaesthesia in consultation with the owner:

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"/>

Necessary results of any other x-ray examinations

Number: PAJANTER EB

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  
RE 20/12/20

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrool on:  
(date) 20 DEC 2022

(Signature and stamp)  
Mark Deuss  
Veterinary Surgeon  
Steyvershofstraat 37  
3840 Kinrool (B)  
Tel. 0031 6 537 187 01