

Examination report

Number 23004

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.

THE INFORMATION OF THIS REPORT IS ONLY MENT FOR AND OF VALUE TO THE CLIENT MENTIONED ABOVE

Level of training (according to client) 120 jumping
Proposed use (according to client): breeding sport
Location exam takes place clinic other:

Intended use in future according to client:

Signalment

Name: Precieuse Optima
Breed or type: BWP
Studbook nr: 056002W00311822
Microchip nr: 981100004199717
Pedigree: Kannan GFE x Allegro
Date of birth: 2015 Gender: mare
Age: 8 years Height at withers ± 172
Coat colour: dark bay

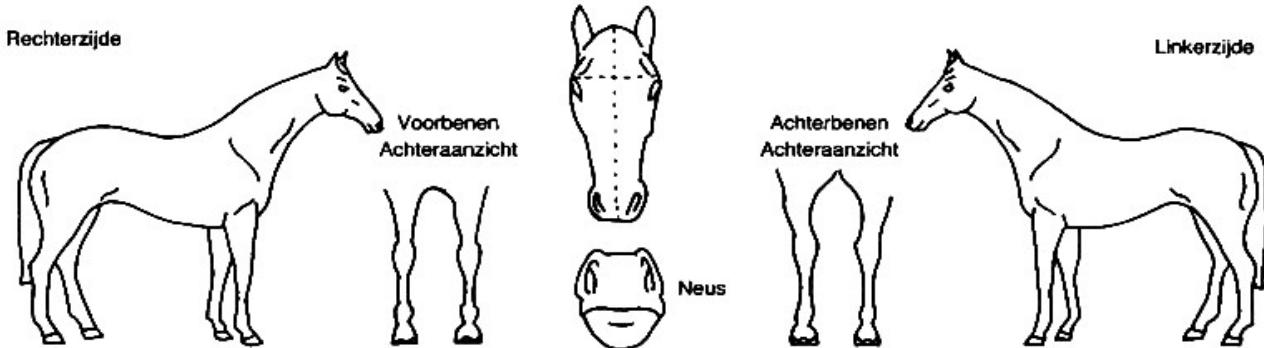
Markings

Head: _____

LF: _____ LH: _____

RF: _____ RH: _____

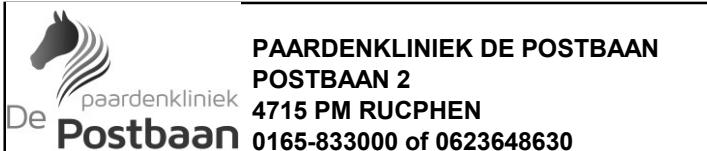
Other: _____



Evidence seen of possible behavioural vices? no yes (if yes, detail:.....)

Blood collected and put into custody by examining veterinarian? no yes blood will be held in custody until 6 months after date vetcheck

Blood sample tested for prohibited substances at client's request? no yes (if yes, results:.....)



PAARDENKLINIEK DE POSTBAAN
POSTBAAN 2
4715 PM RUCPHEN
0165-833000 of 0623648630

1. De keuringsdierenarts is niet aansprakelijk voor enige schade vermogens- en gevolschade daaronder uitdrukkelijk begrepen veroorzaakt door het uitvoeren van de keuring danwel door onjuistheden en onvolledigheden in het opstellen van dit keuringsrapport tenzij vaststaat dat deze schade te wijten is aan opzet of grove schuld van de keuringsdierenarts.
2. Terzake de onder 1 genoemde aansprakelijkheid komt slechts de opdrachtgever een vorderingsrecht toe jegens de keuringsdierenarts; anderen dan de opdrachtgever kunnen aan dit keuringsrapport geen enkel recht op schadevergoeding ontlenen.
3. De aansprakelijkheid zal te allen tijde beperkt zijn tot het bedrag op de aansprakelijkheidsverzekering in voorkomend geval aanspraak op uitkering geeft.
4. De op dit keuringsformulier afgedrukte bedingen zijn ook van toepassing indien de opdrachtgever dit formulier niet ondertekent en niettemin het keuringsrapport in ontvangst neemt.
5. Indien de opdrachtgever niet de eigenaar van het paard is, staat deze ervoor in dat de eigenaar toestemming heeft verleend voor het uitvoeren van de onderhavige keuring en de onderhavige voorwaarden ook jegens de eigenaar kunnen worden ingeroepen.
6. De opdrachtgever en/of derden dienen klachten over het uitvoeren van de keuring danwel onjuistheden en onvolledigheden van dit keuringsrapport binnen bekwaame tijd op straffe van verval van ieder vorderingsrecht jegens de keuringsdierenarts schriftelijk te melden aan hun wederpartij en deze tot vergoeding van schade aan te spreken.

Signature of client

CONCLUSION

Clinically sound horse

A pre-purchase examination can only give information about the horse's health and condition on the moment of examination. Many factors that impact a horse's future health and soundness are not necessarily detectable on the moment of the examination. For example, the veterinarian cannot determine the suitability of a horse for a particular discipline or use. Also, the veterinarian cannot predict the horse's future health or soundness. The veterinarian's role in a pre-purchase examination is to help the client to make an informed decision based on the information we uncover at that moment.

Thus examined and reported by me:
Linda de Weert

Equine veterinarian in
Rucphen, the Netherlands

This report can only relate to the appearance on the date of
examination
20-1-2023 (date)

Signature of examining Equine veterinarian

General and clinical examination

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

Inspection, palpation and eventual percussion

	normal	abnormal	
head	<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"/>	
croup	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
left frontlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
right frontlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
left hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	scar tissue cannon bone
right hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hooves			
horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
hoof shape	<input checked="" type="checkbox"/> even	<input type="checkbox"/> uneven	<input type="checkbox"/>higher than _____
shoeing	<input type="checkbox"/> no	<input type="checkbox"/> front	<input checked="" type="checkbox"/> front and hind
type of shoeing	normal		

Walk, trot and canter

	normal	abnormal	
Walking on hard surface			
straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trotting on hard surface			
straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trotting on soft surface			
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cantering on soft surface			
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Flexion tests:

Forced flexion		Trotting after 1 min. flexion			
		-	±	+	++
LF	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RF	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive	RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LH	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RH	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Radiographical examination performed yes no

Number of X rays _____

Assesment of radiographs

Grading

Navicular bone	LF <input type="checkbox"/>	RF <input type="checkbox"/>
Fetlock joint	LF <input type="checkbox"/>	RF <input type="checkbox"/>
Sesamoid bones	LF <input type="checkbox"/>	RF <input type="checkbox"/>
Tarsal joint	LH <input type="checkbox"/>	RH <input type="checkbox"/>

Fragments

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

Radiological exam of other parts / extra findings:

Other remarks:

scar tissue cannon bone LH due to wound as young horse