

Mark Deuss
 Veterinary Surgeon

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Examination Report

"QUEENN"
 (QUANTEN SPRUNG)

Examination for the purpose of purchase, sale insurance

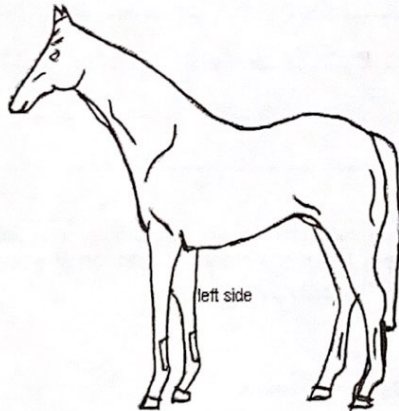
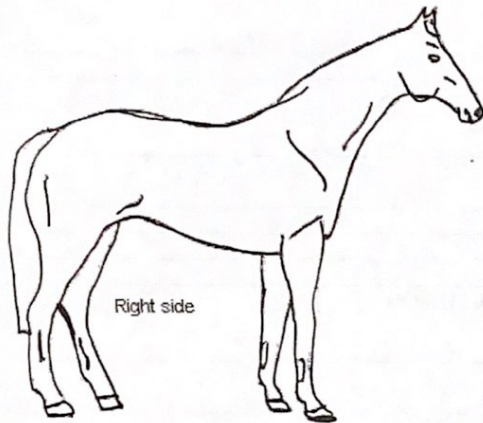
Company: _____
 Horse/Pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code and town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

Description

Race or Type: OLDENBURGER
 Pedigree no.: DE 433330660318
 Age: 11 APRIL 2018
 Sex: FEMALE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: D. CHESTNUT
 Outline: _____

fr. STUD BOOK PAPERS

microchip no.: 27602000680640



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: (F)
 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 checked="" 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	<u>equal</u>	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"/>

(F) WOLFSTOOTH ; DENTIST NECESSARY.

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 (-) +/- +/- ++
 RF (-) +/- +/- ++
 LH (-) +/- +/- ++
 RH (-) +/- +/- ++
 L (-) +/- +/- ++
 R (-) +/- +/- ++

Hock:

Fixing the kneecap

L not possible / possible
 R not possible / possible

Number: QUENN

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

IN CONSIGNATION

FINAL CONCLUSION

AFTER MY CLINICAL (AND RADIOLOGICAL
DD OF MAY 2020 DAP ELL) EXAMINATION,
USEFUL FOR SPORTS AT THE DAY
OF THE EXAMINATION IE
2020/DEC 01

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) 01 DEC 2020

Results of the X-ray examination

D.D 07/ May 2020
DAP ELL

	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"/> 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"/> 1-2
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

