

Mark Deuss
 Veterinary Surgeon

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Examination Report

"SWAVE CORAZON VH LINDENHOEF 2"

Examination for the purpose of purchase, sale insurance

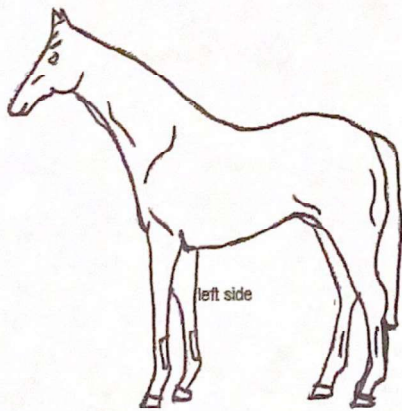
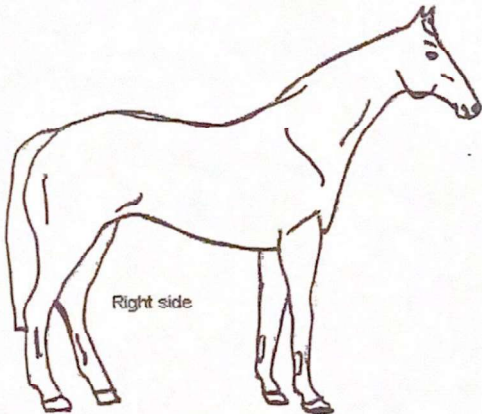
Company: _____
 Horse/Pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code and town: _____
 Buyer/Seller Owner: _____
 Present Yes/No _____

Description

(SAGAN)
 Race or Type: Z
 Pedigree no.: 056015255442218
 Age: 15 April 2018
 Sex: STALLION
 Shoulder height: _____
 Level of training: SPORTS
 Colour: Bay
 Outline: _____

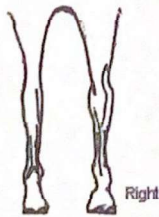
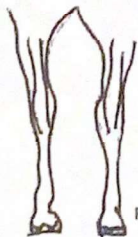
Ja. studbookpapers!

microchipnr.: g 811 00004595042



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: 210
 Respiration in condition of rest/possibly after labour: 210
 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		
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	<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"/>

Number: "SLAVE CORAZON JH LINDENHOF 2"

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

JN CONSIGNATION

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	-	±/	+/	++
Hock:	L	-	±/	+/
	R	-	±/	+/

Fixing the kneecap

L not possible / possible
R not possible / possible

FINAL CONCLUSION

CLINICAL IN GENERAL A
POSITIVE ADVICE ON THE DAY
OF THE EXAMINATION IE
22/1 APRIL / 08

X-RAYS DD 05/03/2021: SEE ABOVE

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) 08/ APRIL / 2021

Results of the X-ray examination

		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"/> 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"/> 1-2
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

