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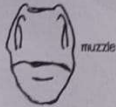
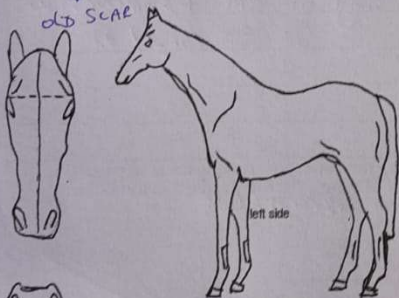
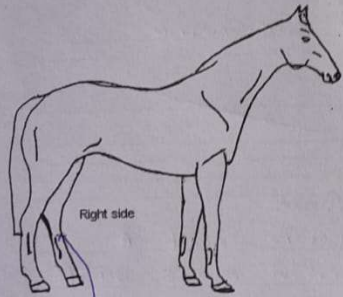
### Examination Report

"THEUN VAN NAVAGNE"  
 COSIAR THE HOMAGE

Examination for the purpose of purchase / sale insurance  
 Company: \_\_\_\_\_  
 Horse/Bony Is used for: SPORTS  
 Client: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal code and town: \_\_\_\_\_  
 Buyer Seller Owner: \_\_\_\_\_  
 Present Yes/No \_\_\_\_\_

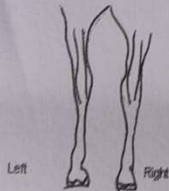
Description  
 Race or Type: BWP  
 Pedigree no.: 056-002-100323441  
 Age: 19 June 2019  
 Sex: GELDING  
 Shoulder height: \_\_\_\_\_  
 Level of training: SPORTS  
 Colour: GREY  
 Outline: \_\_\_\_\_

cf. stamboekpapers  
microchip: 967000 107 8037



Hind rear view

fore rear view



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 corneal 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 checked="" type="checkbox"/>
Left hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### Fronts hoofs

	equal	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"/>

FRONT FEET SLIGHTLY TURNED  
 TO INSIDE