

Pre-purchase examination

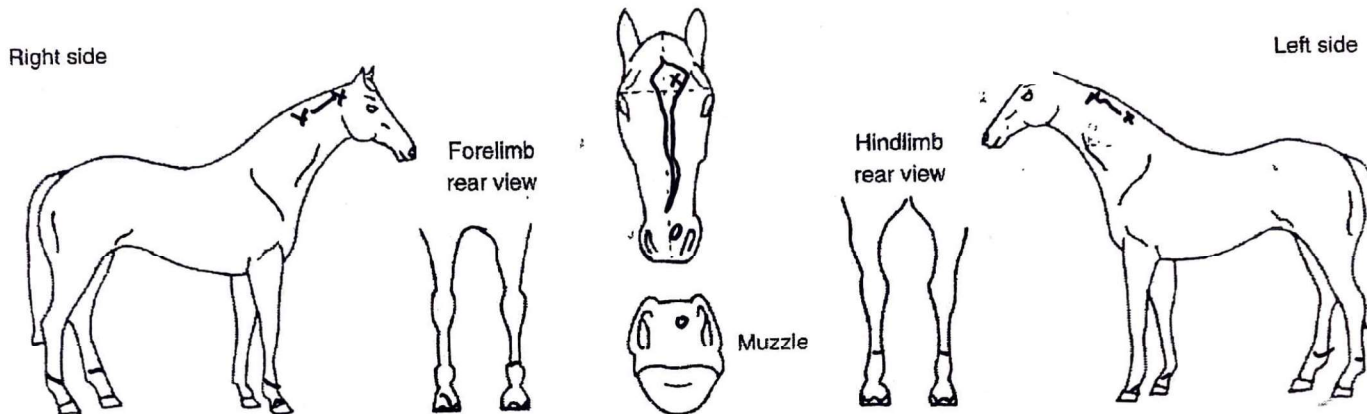
(formulated by the Dutch Equine Group of the Royal Netherlands Veterinary Association).

Number: E 17698

Description

Breed: Kampersheide Stud-book number: _____
 Age: 2019 Sex: M
 Withers height: _____
 Name of horse/pony: TRIPLE HEKO 2
 Colour: DARK BROWN
 Marks: _____
 CHIPNUMBER: 528210004932695

Purchaser-vendor-owner: _____
 Present: yes/no
 Level of training (according to owner): _____
 Proposed use of horse/pony: SPORT



CLINICAL EXAMINATION

no abnormal findings

abnormal findings (see examination protocol)

RADIOLOGICAL FINDINGS

good
 satisfactory
 moderate
 unsatisfactory

acceptable
 increased risk
 not acceptable

During the examination there were/were no indications of vices.
 After the examination blood samples were/were not taken for investigation of banned substances.

Veterinary practice

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CONCLUSION: The horse
in Today's date
is ok for sport -

1. The examining veterinary surgeon and/or veterinary practice shall not accept liability for loss or damage caused as a result of their carrying out the examination or as a result of inaccuracies or shortcomings in their preparation of this report unless it is established that this loss or damage is due to wilful or gross negligence on the part of the examining veterinary surgeon.

2. Liability shall at times be limited to the amount to which the liability insurance gives an entitlement in the event of a claim.

3. Any dispute with respect to the examination shall be decided by arbitration in accordance with the rules of the Dutch Arbitration Committee for Horses and Ponies.

Signature client: _____

Thus examined and reported by (name veterinary surgeon): _____
 of (address veterinary surgeon): _____

This report refers to the situation on: 19.11.2022 (date)

Signature examining veterinary surgeon: _____

EXAMINATION PROTOCOL

General and clinical examination

	normal	abnormal
conformation and stance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
nutritional status	<input type="checkbox"/>	<input type="checkbox"/>
skin and coat	<input type="checkbox"/>	<input type="checkbox"/>
viscous membranes	<input type="checkbox"/>	<input type="checkbox"/>
lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>
eyes	<input type="checkbox"/>	<input type="checkbox"/>
mouth	<input type="checkbox"/>	<input type="checkbox"/>

Cardiovascular system

heart rate at rest	<input type="checkbox"/>	<input type="checkbox"/>
heart rate after exercise	<input type="checkbox"/>	<input type="checkbox"/>

Respiratory system

spontaneous coughing	not present/present: _____
larynx	normal/sensitive: _____

quality of induced cough:	<input type="checkbox"/>	<input type="checkbox"/>
respiration at rest	<input type="checkbox"/>	<input type="checkbox"/>
respiration after exercise	<input type="checkbox"/>	<input type="checkbox"/>
type of respiration	<input type="checkbox"/>	<input type="checkbox"/>
laryngoscopy (if needed)	<input type="checkbox"/>	<input type="checkbox"/>

Digestive system

external examination	<input type="checkbox"/>	<input type="checkbox"/>
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Urogenital system

external examination	<input type="checkbox"/>	<input type="checkbox"/>
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Nervous system

tail tone	<input type="checkbox"/>	<input type="checkbox"/>
postural reflexes	<input type="checkbox"/>	<input type="checkbox"/>
coordination	<input type="checkbox"/>	<input type="checkbox"/>

Inspection, palpation, and 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 forelimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right forelimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
left hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fore hooves and hind hooves

horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
width of heels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
frog development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
hoof inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
size and shape	<input checked="" type="checkbox"/>	<input type="checkbox"/>

equal not equal: left </> right

Gait

	normal	abnormal
walking on hard surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>
straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle right	<input checked="" type="checkbox"/>	<input type="checkbox"/>
trotting on hard surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>
straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle right	<input checked="" type="checkbox"/>	<input type="checkbox"/>
trotting on soft surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle right	<input checked="" type="checkbox"/>	<input type="checkbox"/>
cantering on soft surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle right	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Assessment musculoskeletal system

good satisfactory moderate unsatisfactory

Flexion tests

	Forced flexion of distal limb	Trotting away after 1 minute of flexion:
left forelimb	not sensitive/sensitive	LF <input type="checkbox"/> ± + ++
right forelimb	not sensitive/sensitive	RF <input type="checkbox"/> ± + ++
left hindlimb	not sensitive/sensitive	LH <input type="checkbox"/> ± + ++
right hindlimb	not sensitive/sensitive	RH <input type="checkbox"/> ± + ++

Spavin test

L	<input type="checkbox"/> ± + ++
R	<input type="checkbox"/> ± + ++

Inspection of stifle

normal/abnormal

Fixation of the patella

L not possible/possible
R not possible/possible

Radiological examination

yes no

Radiographs of the navicular bones, the proximal sesamoid bones, the fetlock joints, and the tarsal joints were evaluated according to the "official evaluation scheme", whereby radiographic findings are described in four categories. Categories 1 (good) and 2 (satisfactory) are considered **ACCEPTABLE**. Category 3 is considered acceptable to carry an **INCREASED RISK**. Radiological findings can only be considered acceptable when other findings justify this. Category 4 is at all times **NOT ACCEPTABLE**.

Assessment of radiographs

navicular bone	LF	<input type="checkbox"/> 1	RF	<input type="checkbox"/> 1
proximal sesamoid bones	LF	<input type="checkbox"/> 1	RF	<input type="checkbox"/> 1
fetlock joint	LF	<input type="checkbox"/> 1	RF	<input type="checkbox"/> 1
tarsal joint	LH	<input type="checkbox"/> 2	RH	<input type="checkbox"/> 2

Osteochondrosis

		negative	positive
tarsal joint	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
tarsal joint	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
stifle	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
stifle	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other radiological examinations:

Other findings and remarks:

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