

Examination report

Number: E 94938

(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).

Address: _____

Zip code / City: _____

Client is present at the exam: **yes** / no

Client is: buyer / seller / other, namely owner

Level of training (according to client): -

Proposed use (according to client): breeding / sport

Location where the exam takes place: clinic / other, namely _____

Signalment

Name: Bella di Casa

Breed or type: _____

Studbook no: _____

Microchip number: 380271000046456

Pedigree: Casall x lord 2

Age: 7-2019 Sex: mare

Coat colour: bay Height at withers ± : _____

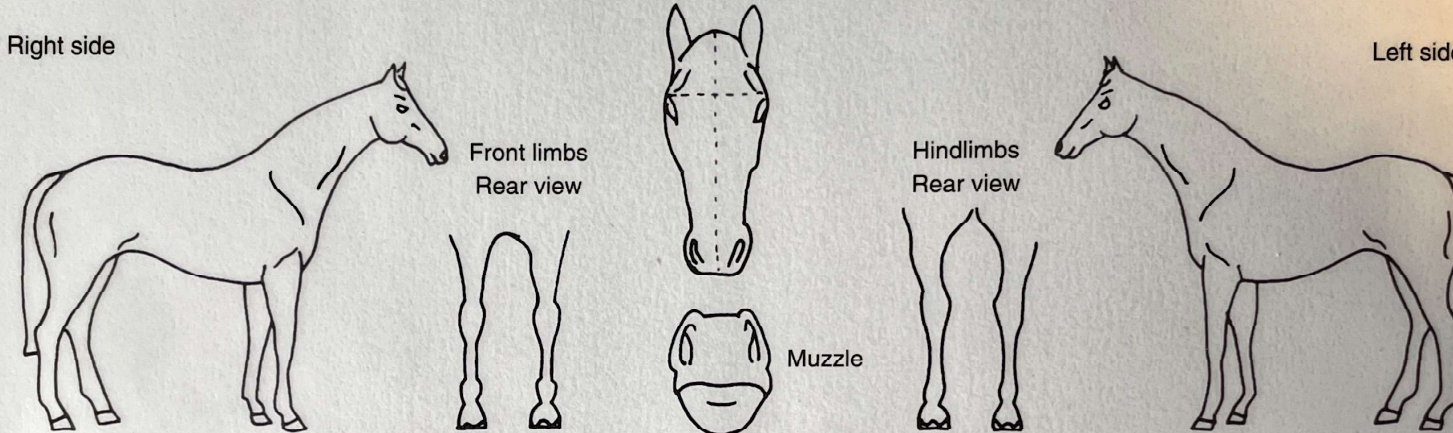
Markings

Head: _____

LF: _____ LH: _____

RF: _____ RH: _____

Other: _____



Evidence seen of possible behavioural vices? **yes** / no (If yes: detail: _____)

Blood collected and put into custody by the examining veterinary surgeon? **yes** / no

Blood sample tested for prohibited substances at client's request ? **yes** / no

Veterinary practice (stamp):
Dierenkliniek Oldenzaal-Losser
Hengelosestraat 58
7572 BR Oldenzaal
Tel.: 0541-530005

CONCLUSION: radiological screening:
increased risk because of
large bone cyst distal phalanx RF

- 1. The examining veterinary surgeon and/or veterinary practice shall not be held liable for loss or damage caused as a result of the performance of the examination or as a result of inaccuracies or shortcomings in their preparation of this report, unless it has been established that this loss or damage is due to malice or negligence on the part of the examining veterinary surgeon.
- 2. The client shall have the sole right to invoke any action due to liability on the part of the examining veterinary surgeon and/or veterinary practice as described under 1 above. Parties other than the client shall not be entitled to derive any rights to compensation for damages arising from this examination/report.
- 3. Liability shall be limited at all times to that amount covered by the veterinary surgeon's professional indemnity insurance applicable at the time of the examination. Details of this coverage in the form of policy documents for this insurance may be inspected at the veterinary practice premises, and copies of these may be obtained at first request from the veterinary practice at no charge.
- 4. The provisions printed on this examination report shall also apply in the event the client fails to sign this form, or refuse to accept receipt of this examination report.
- 5. If the client upon whose instructions the examination was performed is not the owner of the horse, the client is wholly responsible for having obtained the owner's consent to all procedures performed during the examination, and the client shall fully indemnify the veterinary surgeon in respect of any claim by the owner arising from an allegation that such consent was not given.
- 6. In the event the client and/or third parties are of the opinion that the health of the horse at the time of the present examination does not correspond to that which is stated in the examination report, these parties must report this to the other party without delay and in writing (for example, together with the purchase contract), under penalty of the lapsing of every right of action against the examining veterinarian and/or the veterinarian practice, and to hold this party liable for compensation, while also simultaneously providing a copy of this report to the examination veterinarian and the veterinarian practice.
- 7. The laws of the Netherlands shall apply exclusively to any disputes arising from the performance of the examination and/or the completion of the examination report, and the Court of the Netherlands shall retain sole jurisdiction to hear these disputes.
- 8. In the event of differing interpretations between the Dutch and English text of these conditions, the content of the Dutch text shall be decisive.

Thus examined and reported by me:
J.A.M. Gimmer
veterinary surgeon in:
Oldenzaal (NL)

This report can relate only to the appearance on the date of examination: 26-3-21

Signature of Client: _____

Signature of examining veterinary surgeon: _____

General and clinical examination

	normal	abnormal	
conformation and stance	<input type="checkbox"/>	<input type="checkbox"/>	_____
condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
skin and coat	<input type="checkbox"/>	<input type="checkbox"/>	_____
mucous membranes	<input type="checkbox"/>	<input type="checkbox"/>	_____
lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	_____
eyes and eyelids	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory system			
respiration at rest	<input type="checkbox"/>	<input type="checkbox"/>	_____
type of respiration	<input type="checkbox"/>	<input type="checkbox"/>	_____
spontaneous coughing	no	yes	_____
larynx sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	_____
respiration after exercise	<input type="checkbox"/>	<input type="checkbox"/>	_____
abnormal sounds	no	yes	_____
laryngoscopy performed	no	yes	_____
laryngoscopy findings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Circulatory system			
peripheral circulation	<input type="checkbox"/>	<input type="checkbox"/>	_____
heart at rest	<input type="checkbox"/>	<input type="checkbox"/>	_____
heart after exercise	<input type="checkbox"/>	<input type="checkbox"/>	_____
Digest. system (ext. insp.)			
mouth, teeth, tongue	<input type="checkbox"/>	<input type="checkbox"/>	_____
Urogen. system (ext. insp.)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nervous system			
tail tone	<input type="checkbox"/>	<input type="checkbox"/>	_____
correction reflexes	<input type="checkbox"/>	<input type="checkbox"/>	_____
coordination	<input type="checkbox"/>	<input type="checkbox"/>	_____

Flexion tests:

Forced flexion:	Trotting after 1 min. flexion:
LF not sensitive / sensitive	LF - ± + ++
RF not sensitive / sensitive	RF - ± + ++
LH not sensitive / sensitive	LH - ± + ++
RH not sensitive / sensitive	RH - ± + ++

Radiological examination performed: yes no
 Number of X rays: 20+2

Assessment of radiographs:

		Grading			
Navicular bone	AP-LH	LF	<input type="text" value="2"/>	RF	<input type="text" value="2"/>
Fetlock joint	APLW	LF	<input type="text" value="1"/>	RF	<input type="text" value="1"/>
Sesamoid bones	APMD	LF	<input type="text" value="1"/>	RF	<input type="text" value="1"/>
Tarsal joint	AP-LH-APD	LH	<input type="text" value="1"/>	RH	<input type="text" value="1"/>

		Fragments		Remarks
		-	+	
Fetlock joint	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fetlock joint	RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Stifle joint	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Stifle joint	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Tarsal joint	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Tarsal joint	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fetlock joint	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fetlock joint	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

Radiological exam of other parts / extra findings:

+ AP LF+RF distal phalanx:
large bone cyst

Other remarks:

Inspection, palpation and eventual percussion

	normal	abnormal	
head	<input type="checkbox"/>	<input type="checkbox"/>	_____
neck	<input type="checkbox"/>	<input type="checkbox"/>	_____
withers	<input type="checkbox"/>	<input type="checkbox"/>	_____
back	<input type="checkbox"/>	<input type="checkbox"/>	_____
croup	<input type="checkbox"/>	<input type="checkbox"/>	_____
left frontlimb	<input type="checkbox"/>	<input type="checkbox"/>	_____
right frontlimb	<input type="checkbox"/>	<input type="checkbox"/>	_____
left hindlimb	<input type="checkbox"/>	<input type="checkbox"/>	_____
right hindlimb	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hooves			
horn quality	<input type="checkbox"/>	<input type="checkbox"/>	_____
hoof percussion	<input type="checkbox"/>	<input type="checkbox"/>	_____
hoof shape	even / uneven ___ higher than ___		
shoeing	no / front / front and hind		
type of shoeing	_____		

Walk, trot and canter

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