



# Tierärztliche Pferdepraxis Bad Zwischenahn

Dr. Frederick Brugmans und Dr. Axel Hullmann

Fachtierarzt für Chirurgie

Zusatzbezeichnung Zahnheilkunde Pferd

tierarztpraxisbadzwischenahn@ewetel.net

Dres F.Brugmans u. A. Hullmann - Diekweg 4 -26160 Bad Zwischenahn Telefon: 04403 / 2381-Fax: 04403 / 63104

Bad Zwischenahn, 11.01.2022

## VET CHECKING PURCHASE

Horse's name: Buena  
Breed: Spanish  
Sex: Mare  
Date of birth: 01.01.2015  
IDnumber: ES 724901000090950  
Owner/Stable: Claus, Dieter  
Göhlen 2, 26655 Westerstede

The above mentioned horse was examined on.

The pre-purchase examination consisted (see german purchase):

- A preliminary stable examination,
- in-hand examination including trot up,
- turning and backing, exercise at all paces,
- a foot examination, flexion tests before and after exercise,
- strenuous exercise.

Adelt, 11.01.2022

Date/place

signature veterinarian

**Physical examination:**

- Eyes: **ophthalmic examination:**  no signs of disease  
 signs of disease, \_\_\_\_\_

- Mouth and teeth evaluation:  no signs of disease  
 signs of disease, \_\_\_\_\_

-Respiratory evaluation (number of inspiration/min):

- at rest: 20  
- at exercise: 48

- Digestive evaluation:  no signs of disease  
 signs of disease, \_\_\_\_\_

- Cardiovascular evaluation:

Jugular veins (palpation, pressure)  no signs of disease  
 signs of disease, \_\_\_\_\_

**Heart (frequency, rythm)**

- at rest: 36 /mn  
- at exercise (gallop during 4 mn): 72 /mn  
-after recovery (5 mn) 36 /mn

**Infectious disease controls:**

**Vaccinations (dates: see vaccination certificate):**

-Equine Influenza Virus  
-Equine Herpes Virus (EHV)  
-Tetanus } no vaccinations

**Formation of the legs and locomation examination**

**Clinical evaluation**

**Static examination:**

formation of the legs (bodily defects):  no  
 yes, \_\_\_\_\_

**Gaits examination:**

In a straight line, on a circle, hard and soft ground:  no signs of lameness  
 signs of lameness: \_\_\_\_\_

**flexion tests:**

left forelimb:	<input checked="" type="checkbox"/> negative	<input type="checkbox"/> positive
right forelimb:	<input checked="" type="checkbox"/> negative	<input type="checkbox"/> positive
left hindlimb:	<input checked="" type="checkbox"/> negative	<input type="checkbox"/> positive
right hindlimb:	<input checked="" type="checkbox"/> negative	<input type="checkbox"/> positive

11.01.2022, Oebolt

Date/place



signature veterinarian