

Mark Deuss  
Veterinary Surgeon

Steyvershofstraat 37  
3640 Kinrooi (B)  
Tel. 0(031)6 537 537 01  
mark.deuss@hotmail.com

## Examination Report

### Examination for the purpose of purchase, sale insurance

Company:

Horse/Pony is used for: sports

Client:

Address:

Postal code ad town:

Buyer Seller Owner:

Present Yes/No

### Description

Race or Type:

Pedigree no.: 056015255219218

Age: 10 May 2008

Sex: MALE (GELDING)

Shoulder height:

Level of training: sports

Colour: Grey

Outline:

the sound body papers

Microchip: g8M03004501816

### General Examination

Build and posture good/deviant:

Feeding condition good/deviant:

Skin and hair good/deviant:

Pulse in condition of rest/possibly after labour:

Respiration in condition of rest/possibly after labour:

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 cornage operation: present/not present:

### Further clinical examination

Respiratory system

Laringoscopy if necessary

Circulation system

Digestion system

Urogenital system

Nervous system

Motion system:

Inspection

Palpation

Percussion

Neck

Withers

Back

Groin

Left forefoot

Right forefoot

Left hind leg

Right hind leg

Fronts hoofs

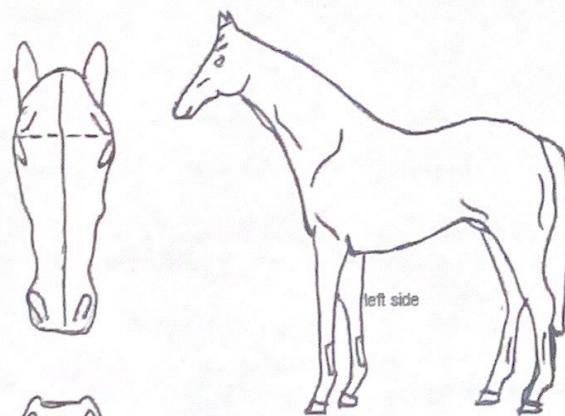
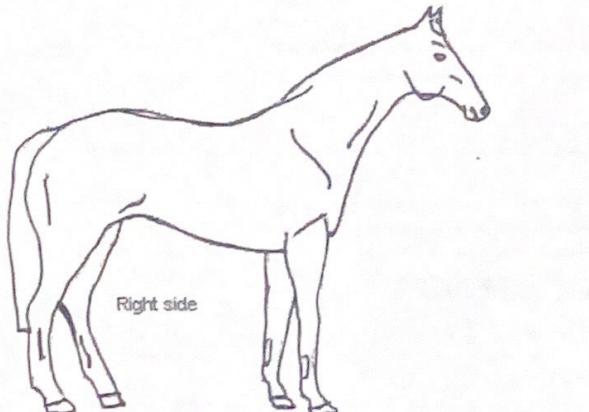
Horn quality

Hoof percussion

Hoof visitation

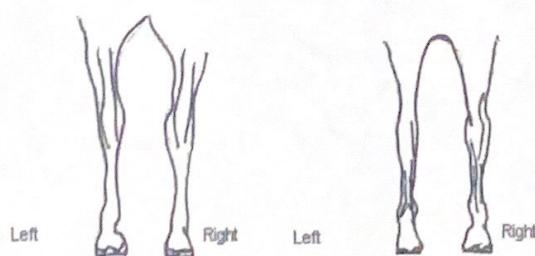
not deviant

deviant



Hind rear view

fore rear view



	not deviant	deviant
<b>Walking on hard ground</b>		
straight line	<input type="checkbox"/>	<input type="checkbox"/>
Left small volt	<input type="checkbox"/>	<input type="checkbox"/>
Right small volt	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trotting on hard ground</b>		
straight line	<input type="checkbox"/>	<input type="checkbox"/>
left small volt	<input type="checkbox"/>	<input type="checkbox"/>
right small volt	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trotting on soft ground</b>		
left volt	<input type="checkbox"/>	<input type="checkbox"/>
right volt	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cantering/Galloping on soft ground</b>		
left volt	<input type="checkbox"/>	<input type="checkbox"/>
right volt	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bending tests</b>		
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 - /	<input checked="" type="checkbox"/>	+/ ++
RF - /	<input checked="" type="checkbox"/>	+/ ++
LH - /	<input checked="" type="checkbox"/>	+/ ++
RH - /	<input checked="" type="checkbox"/>	+/ ++
L - /	<input checked="" type="checkbox"/>	+/ ++
R - /	<input checked="" type="checkbox"/>	+/ ++
Hock:		
Fixing the kneecap		
L	not possible / possible	
R	not possible / possible	

If necessary conductivity anaesthesia in consultation with the owner:

#### Results of the X-ray examination ASSESSMENT

	good	fair	bad
Navicular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	□ 1-2
Navicular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	□ 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	□ 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	□ 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	□ 1-2
Fellock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	□ 1-2
Hock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	□ 1-2
Hock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	□ 1-2
Stifle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	□ 1-2
Stifle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	□ 1-2

Necessary results of any other x-ray examinations

Number: "CAPITOLIUS juxta 2"

After the examination blood/no blood was taken to search for illegal practices.

If necessary laboratory results:

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#### FINAL CONCLUSION

RADILOGICAL IN GENERAL

USEFUL FOR SPOTS ON THE

DAY OF THE EXAMINATION

IE 2021/march/11

The examination was carried out and reported by  
Mark Deuss, Veterinary surgeon at Kinrooi on:  
(date) 27/jan/2022

X-rays O-D 11/march/2021 (Wim VERMEIREN)

(Signature and stamp)

Mark Deuss  
Veterinary Surgeon  
Steijvershofstraat 37  
3640 Klarooi (B)  
Tel. 0031 6 537 587 01

