

PREPURCHASE EXAMINATION REPORT

The contents of this report are privileged and confidential and are prepared solely for the use of the stated purchaser.

This report is valid at the time of issue only.



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Cod. Fisc. CPD PLG 57M14 H721W
Partita IVA 01619211202
Dr. Iscr. ALBO N. 1193 BO

Practice:

IDENTIFICATION OF ANIMAL: MICRSLWP: 380271000036097

Horse presented as: COME IL SOLE

Passport number: 155796

Breed: ITALY

Colour: CROSTNUT

Sex: FEMALE

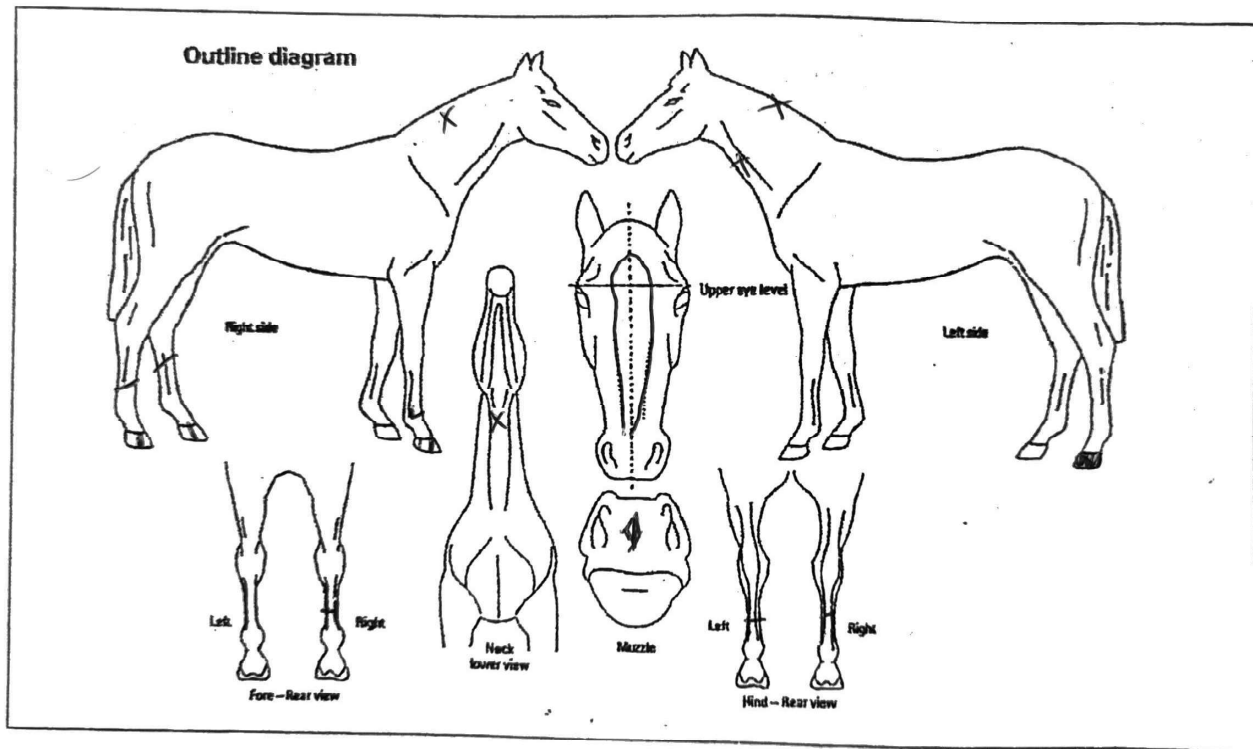
Stated age: 14/03/2018

Draw markings and brands.

Mark whorls as *

Mark scars with →

Mark prophets thumb as ▲



PURCHASER'S REQUEST:

Proposed purpose for the horse: COME IL SOLE

I undertake to use this information solely in the pre-purchase evaluation of this horse, and will not divulge this information to any third party, or for any other purpose.

I accept responsibility for payment of veterinary fees associated with this examination.

Signed:

(Purchaser/agent)

Date:

26/11/22

VENDOR'S STATEMENT:

Vendor's/Agent's name:

Phone number:

How long have you been acquainted with this horse?

Do you have any knowledge of the following, past or present?

	Yes	No		Yes	No
1. Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Lameness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Accidents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Vices	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Any abnormalities of wind or breathing				<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Medication within the last 45 days (exclude routine deworming)				<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes to any of the above, specify details:

For what purpose do you understand the horse is being assessed?

Do you have an opinion as to the horse's suitability for this purpose?

If yes, please state:

DECLARATION:

I consent to a veterinary examination on the above horse by: _____ Veterinary Clinic/Hospital
as part of a pre-sale assessment on behalf of:

I understand that this examination may include (strike out if not applicable):

Physical examination

Blood/urine collection and testing

X-rays

Upper airway endoscopy

Internal examination by ultra-sound or palpation

Other examinations as discussed

I understand that each examination carries a finite risk. I will arrange transportation at my risk to a suitable examination facility if required. I accept that information gained in the course of this examination is the property of the person commissioning the examination.

Signed:

Date:

Me [Signature]
26/11/2022

STAGE 1 -PRELIMINARY EXAMINATION (Tick if normal; Note abnormalities)

Body condition: ☐ Overweight ☒ Good ☐ Lean ☐ Poor Temperature: _____

Stance, attitude and demeanour:

HEAD:

Ears: ☒ NAD
 Eyes: ☒ NAD Symmetry/reflexs/lids/mucous membrane/nictitans/cornea/nasolacrimal ophthalmoscopic exam
 Nose: ☒ NAD Symmetry/airflow/discharge
 Gums: ☒ NAD Mucous membrane
 Mandible: ☒ NAD Symmetry
 Sinuses: ☒ NAD Symmetry/percussion

TEETH:

Estimated age:

Wolf teeth ☐ Yes ☒ No Incisors ☒ NAD
 Molars ☒ NAD Hooks rostral/caudal; weave/step/wry mouth; sharp edges

INTEGUMENT:

Surgical scar: ☒ NAD Laryngoplasty/ventriculectomy/laparotomy/neurectomy/pateilar desmotomy/other
 Acquired scars:
 Sarcoids: ☒ No ☐ Yes Location:
 Melanomata: ☒ No ☐ Yes Location:
 Pruritis evidence: ☒ No ☐ Yes Location:
 Other:

CARDIOVASCULAR SYSTEM:

Heart rate: Auscultation left: ☒ NAD
 Pulse: Auscultation right: ☒ NAD

RESPIRATORY SYSTEM:

Spontaneous cough: ☒ No ☐ Yes Cough reflex: ☒ No ☐ Yes
 Palpation of larynx & trachea: ☒ NAD
 Auscultation of thorax: ☒ NAD

UROGENITAL SYSTEM:

Female:

External genitalia: ☒ NAD
 Speculum: ☒ NAD ☐ Not examined
 Rectal: ☒ NAD ☐ Not examined

Male:

Penis: ☐ NAD ☐ Not Examined
 Scrotum: ☐ NAD ☐ Absent
 Testes: ☐ NAD ☐ Absent

NERVOUS SYSTEM:

Slap reflex: ☐ No ☐ Yes Gait: ☒ NAD Ataxia/pareses/proprioception
 Other:

LF UPRIGHT FOOT

RF NORMAL

LH NORMAL

RH NORMAL

HINDQUARTERS NORMAL

Symmetrically muscled: ☒ Yes ☐ No

Symmetrical tubera sacrale: ☒ Yes ☐ No

MUSCULOSKELETAL SYSTEM:

LF NORMAL

RF NORMAL

LH NORMAL

RH NORMAL

BACK NORMAL

FOOT EXAMINATION:

	LF		RF		LH		RH	
	Yes	No	Yes	No	Yes	No	Yes	No
Shod		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Boxy/upright foot:	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Flat/dropped sole:		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Flat/collapsed heel:		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Sheared heel:		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Hoof crack/distortion		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Coronet lesion		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Heel bulb sensation		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Hoof testers:								
Frog and sole:								
Horn quality:								
Foot pastern axis:								
Symmetry:								
Trimming and shoeing:								

General Comments:

THE HORSE HAS NO DISQUALIFYING ANOMALIES

STAGE 2- TROTting UP

Walk ☒ NAD
Trot ☒ NAD
Circle ☒ NAD
Reverse ☒ NAD
Tight spin ☒ NAD

FLEXION TEST:

LF ☒ Negative ☐ Positive
RF ☒ Negative ☐ Positive
LH ☒ Negative ☐ Positive
RH ☒ Negative ☐ Positive

LUNGED ON SOFT ☐ No ☐ Yes

Left rein *normal*

Right rein *normal*

LUNGED ON HARD ☐ No ☐ Yes

Left rein *6.5 CROAKS SOMETIMES*

Right rein *normal*

STAGE 3 - STRENUOUS EXERCISE

Ridden/Lunged State going:

Walk

Trot

Canter

Gallop

Respiratory noise ☐ No ☐ Yes ☐ Inspiratory
☐ Expiratory

Nasal discharge ☐ No ☐ Yes

Cough ☐ No ☐ Yes

Post exercise heart rate:

Auscultation (heart and lungs):

☐ NAD

Recovery heart rate:

STAGE 4 - REST

Observations

Crib biting: ☐ No ☐ Yes

Weaving: ☐ No ☐ Yes

Other:

5 - SECOND TROT AND FOOT EXAMINATION

Walk ☒ NAD

Trot ☒ NAD

Circle ☒ NAD

Lunged on firm surface: ☐ Yes

☐ No

FLEXION TEST:

LF ☒ Negative ☐ Positive

RF ☒ Negative ☐ Positive

LH ☒ Negative ☐ Positive

RH ☒ Negative ☐ Positive

SPECIAL PROCEDURES:

Discussed

Advised

Performed

Endoscopy:

Radiography:

Ultrasonography:

ECG:

Rectal exam:

Laboratory(blood/urine)

Drug screening(blood)

See attached reports
for results of special
examinations

NOTES OF WARRANTY:

The veterinarian makes no determination and expresses no opinion as to the suitability of the animal for the purpose intended. If the buyer wishes warranty covering such matters as height, freedom from vices, temperament, the non-administration of drugs prior to the examination, or the animal's existing performance he or she is advised to seek warranty in writing from the seller, as these matters between buyer and seller are not the responsibility of the examining veterinarian.

LIMITATIONS AND DIFFICULTIES ENCOUNTERED: (weather, facilities, handler, temperament, etc)

RECORD OF DISCUSSION:

☐ In person

☐ Telephone

Date

Time

CERTIFICATE ISSUED BY: DR. PIERLUIGI CAPODAGLI

Medico Veterinario

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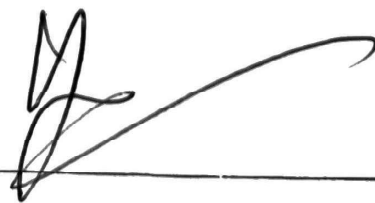
Is. 1123 BO

Date:

25/11/22

Veterinarian:

Signed:



SPECIALISED TECHNIQUES:

RADIOGRAPHY:

AREA EXAMINED	VIEWS TAKEN	COMMENT
LF FOOT	LM, DPr-PaDiO, PaPr-PaDiO	ABNORMALITIES THAT MIGHT COMPROMISE SPORT ACTIVITY ARE ABSENT
RF FOOT	LM, DPr-PaDiO, PaPr-PaDiO	
LF Mc/P JOINT	LM, DL-PaMO, DM-PaLO, Dpa	/
RF Mc/P JOINT	LM, DL-PaMO, DM-PaLO, DPa	/
LH Mt/P JOINT	LM, DL-PaMO, DM-PaLO, DPa	/
RH Mt/P JOINT	LM, DL-PaMO, DM-PaLO, Dpa	/
L CARPUS	LM, DL-PaMO, DM-PaLO, DPa, FlexLat	/
R CARPUS	LM, DL-PaMO, DM-PaLO, DPa, FlexLat	/
L HOCK	LM, DL-PIMO, PIL-DMO, DPI	/
R HOCK	LM, DL-PIMO, PIL-DMO, DPI	/
L STIFLE	LMO	
R STIFLE	LMO	
OTHER		

ENDOSCOPY OF UPPER RESPIRATORY TRACT:

Comments:

OTHER SPECIAL TECHNIQUES:

Drug screen – blood:

Other: