

Examination report

(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).

Number: E

82452

Animal

Species:

Connie 2

Breed or type:

2 years Heide

Book no:

056 015 255 637510

Chip number:

967000010070707

Origin:

Canibuy x Gakcraster x

Age:

4 years

Sex:

Male, castrated

Coat colour:

Dark brown

Height at withers ±:

Level of training (according to client):

Proposed use (according to client): breeding / sport

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

Stables at home

Markings

Head:

LF:

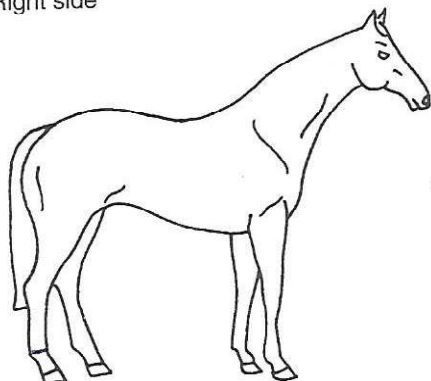
RF:

Other:

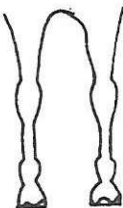
LH:

RH:

Right side

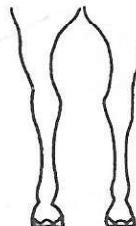


Front limbs
Rear view

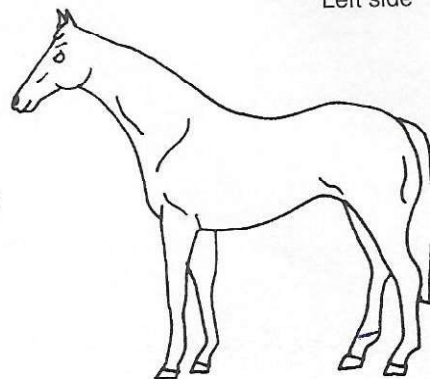


Muzzle

Hindlimbs
Rear view



Left side



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):

D.N. van der Linde, dierenarts, Mr. J. Takke 21 Aalsmeer
Tel: 0297-369060/06-10228014 www.stalwennemers.nl/dierenarts

CONCLUSION:

No clinical remarks

Thus examined and reported by me:

D.N. van der Linde

veterinary surgeon in:

Only me


This report can relate only to the appearance on the date of

examination: 27/07/2020

Signature of examining veterinary surgeon:

Signature of Client:

Flexion tests:

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

Number of X rays:

Grading

Navicular bone	LF	<input type="text"/>	RF	<input type="text"/>
Fetlock joint	LF	<input type="text"/>	RF	<input type="text"/>
Sesamoid bones	LF	<input type="text"/>	RF	<input type="text"/>
Tarsal joint	LH	<input type="text"/>	RH	<input type="text"/>

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











Radiological exam of other parts / extra findings:

Other remarks:

normal	abnormal
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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 frontlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
right frontlimb	<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"/>	
Hooves			
horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
hoof shape			even / <u>uneven</u> ____ higher than ____
shoeing			no / front / front and hind
type of shoeing			<u>normal</u>

normal abnormal

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