

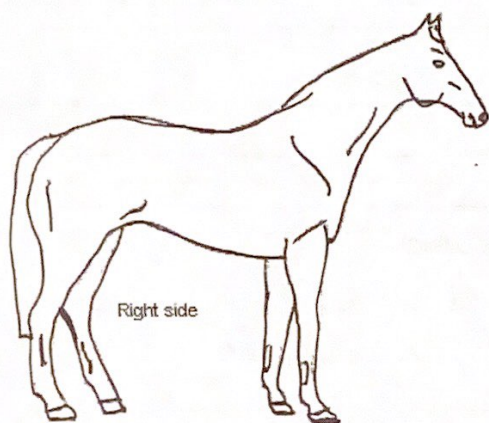
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Veterinary Surgeon

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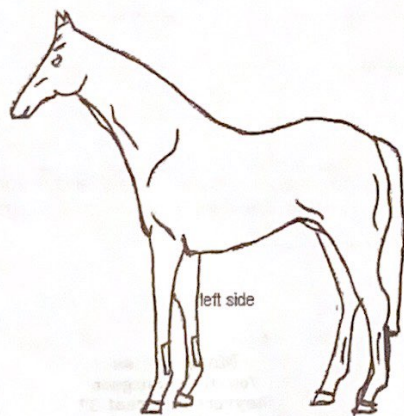
## Examination Report

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

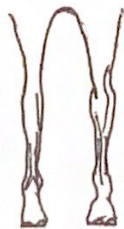
Company: \_\_\_\_\_  
Horse/Pony is used for: SPORTS  
Client: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal code and town: \_\_\_\_\_  
Buyer Seller Owner: \_\_\_\_\_  
Present Yes/No \_\_\_\_\_



Hind rear view



fore rear view



### Description

Race or Type: Z  
Pedigree no.: 056015 Z 555 14915  
Age: 01/03/2015  
Sex: GELB IN 6  
Shoulder height: \_\_\_\_\_  
Level of training: SPORTS  
Colour: Grey  
Outline: \_\_\_\_\_

for STUBBENPAPER

microchip nr: 52 824 600 2373800

### General Examination

Build and posture good/deviant: \_\_\_\_\_  
Feeding condition good/deviant: \_\_\_\_\_  
Skin and hair good/deviant: \_\_\_\_\_  
Pulse in condition of rest/possibly after labour: no  
Respiration in condition of rest/possibly after labour: no  
Type of respiration normal/deviant: \_\_\_\_\_  
Mucous membranes normal/deviant: \_\_\_\_\_  
Lymph glands normal/deviant: \_\_\_\_\_  
Eyes normal/deviant: II  
Mouth normal/deviant: II  
Spontaneous cough present/not present: \_\_\_\_\_  
Larynx normal/sensitive: \_\_\_\_\_  
Cicatrice corneal operation: present/not present: \_\_\_\_\_

### Further clinical examination

	not deviant	deviant
Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laryngoscopy if necessary	<input type="checkbox"/>	<input type="checkbox"/>
Circulation system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Digestion system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urogenital system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nervous system	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Motion system:

	not deviant	deviant
Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Palpation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	not deviant	deviant
Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Withers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Back	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left forefoot	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right forefoot	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	equal	not equal
Fronts hoofs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoof visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

⊕: LEFT EYE: BLIND + SIGNS OF EQUINE RECURRENT UVEITIS  
⊕: IRREGULAR SURFACE INCISIVI DUE TO CRIBBING



Walking on hard ground

straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on hard ground

straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
left small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on soft ground

left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cantering/Gallopping on soft ground

left volt	<input type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Bending tests

Tightening of lower foot or leg

Left forefoot	<del>not sensitive</del> /sensitive
Right forefoot	<del>not sensitive</del> /sensitive
Left hind leg	<del>not sensitive</del> /sensitive
Right hind leg	<del>not sensitive</del> /sensitive

Trotting off after two minutes bending

LF	-1	+1	+1	++
RF	-1	+1	+1	++
LH	-1	+1	+1	++
RH	-1	+1	+1	++
L	-1	+1	+1	++
R	-1	+1	+1	++

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

		good	fair	bad
Navicular	LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular	RF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	RF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	LH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	RH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Necessary results of any other x-ray examinations

Number: "CORNETTO 2"

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

If necessary laboratory results:

STORED

FINAL CONCLUSION

REMARKS SEE ABOVE,  
EXAMINED 23/NOV/2020

The examination was carried out and reported by  
Mark Deuss, Veterinary surgeon at Kinrooi on:  
(date) 23/NOV/2020

(Signature and stamp)

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