

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 125731

Signalment

Name: Coryfee 2
Breed or type: Zangersherde
Studbook no: 056015255522117
Microchip number: 5282100041502775
Pedigree: CORICO 2 * Namelw 12
Age: 13-03-2017 Sex: mare
Coat colour: Bay 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 _____

Markings

Head: _____

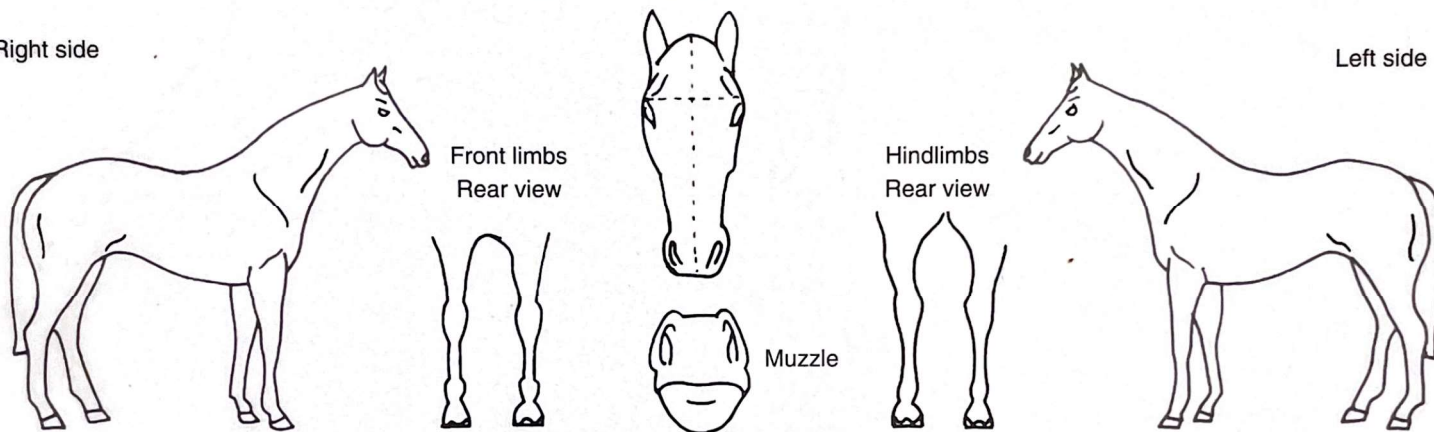
LF: _____ LH: _____

RF: _____ RH: _____

Other: _____

Right side

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



CONCLUSION: _____

"clinically sound horse"

Thus examined and reported by me:

Drs L.B. Poorthuis
veterinary surgeon in:
Thijlaan 4
Oldenzaal

This report can relate only to the appearance on the date of examination: 08-07-2022

Signature of examining veterinary surgeon: _____

Signature of Client: _____

1. The examining veterinary surgeon and/or veterinary practice shall not be held liable for loss or damage caused as a result of the performance of the examination or as a result of inaccuracies or shortcomings in their preparation of this report, unless it has been established that this loss or damage is due to malice or negligence on the part of the examining veterinary surgeon.
2. The client shall have the sole right to invoke any action due to liability on the part of the examining veterinary surgeon and/or veterinary practice as described under 1 above. Parties other than the client shall not be entitled to derive any rights to compensation for damages arising from this examination/report.
3. Liability shall be limited at all times to that amount covered by the veterinary surgeon's professional indemnity insurance applicable at the time of the examination. Details of this coverage in the form of policy documents for this insurance may be inspected at the veterinary practice premises, and copies of these may be obtained at first request from the veterinary practice at no charge.
4. The provisions printed on this examination report shall also apply in the event the client fails to sign this form, or refuse to accept receipt of this examination report.
5. If the client upon whose instructions the examination was performed is not the owner of the horse, the client is wholly responsible for having obtained the owner's consent to all procedures performed during the examination, and the client shall fully indemnify the veterinary surgeon in respect of any claim by the owner arising from an allegation that such consent was not given.
6. In the event the client and/or third parties are of the opinion that the health of the horse at the time of the present examination does not correspond to that which is stated in the examination report, these parties must report this to the other party without delay and in writing (for example, together with the purchase contract), under penalty of the lapsing of every right of action against the examining veterinarian and/or the veterinarian practice, and to hold this party liable for compensation, while also simultaneously providing a copy of this report to the examination veterinarian and the veterinarian practice.
7. The laws of the Netherlands shall apply exclusively to any disputes arising from the performance of the examination and/or the completion of the examination report, and the Court of the Netherlands shall retain sole jurisdiction to hear these disputes.
8. In the event of differing interpretations between the Dutch and English text of these conditions, the content of the Dutch text shall be decisive.

General and clinical examination

	normal	abnormal
conformation and stance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
skin and coat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
mucous membranes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
lymph nodes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
eyes and eyelids	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Respiratory system		
respiration at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
type of respiration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
spontaneous coughing	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
larynx sensitivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
respiration after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
abnormal sounds	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
laryngoscopy performed	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
laryngoscopy findings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Circulatory system		
peripheral circulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
heart at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
heart after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Digest. system (ext. insp.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
mouth, teeth, tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urogen. system (ext. insp.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nervous system		
tail tone	<input checked="" type="checkbox"/>	<input type="checkbox"/>
correction reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspection, palpation and eventual percussion

	normal	abnormal
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	<input checked="" type="checkbox"/> even	<input type="checkbox"/> uneven
shoeing	<input checked="" type="checkbox"/> no	<input type="checkbox"/> front and hind
type of shoeing		

Walk, trot and canter

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

Flexion tests:

Forced flexion:	Trotting after 1 min. flexion:
LF not sensitive / sensitive	LF <input checked="" type="checkbox"/> - ± + ++
RF not sensitive / sensitive	RF <input checked="" type="checkbox"/> - ± + ++
LH not sensitive / sensitive	LH <input checked="" type="checkbox"/> - ± + ++
RH not sensitive / sensitive	RH <input checked="" type="checkbox"/> - ± + ++

Radiological examination performed: ☐ yes ☒ no

Number of X rays: _____

Assessment of radiographs:

Grading

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

Fragments

Remarks

	-	+	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:
