

B. Prepurchase examination record

Client

Veterinarian

Name _____
Street _____
Address _____
Phone _____
Fax _____
E-Mail _____

**PRAXIS FÜR PFERDE
REYERING
GRUBENSTRASSE 10
49497 METTINGEN
TEL. 0 54 52 / 91 98-80
www.pferdeambulanz.com**

Third person (Section 11, General Conditions)

Buyer Vendor

Name _____
Street _____
Address _____
Phone _____
Fax _____
E-Mail _____

Place and date of examination

Emsdetten 10/21/2022

People present

Danka Kaltmann

Was the horse tried out?

yes no ? Irregularities

Transpa: 981100004582795

FEI/Equine passport available not available Identification number: 056015255486818

Transponder: S.O. not controlled not found

Food-producing animal Non-food-producing animal Appendix does not exist Appendix not filled out

Identification

conforms with FEI/Equine passport

Name: French Kiss Z Breed: Zangersheide

Sex: Wallach Colour: Rappe

Age (Teeth): 4 years Brand: _____

Markings: _____

I. General examination

Body condition normal _____

Coat and skin normal _____

Conspicuous scars no yes _____

Skin tumours no yes _____

Contract No.

123017

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Rectal temperature: 37.9 °C _____
 Pulse quality: normal _____
 Rate at rest: 40 /min. _____
 Respiration: normal difficulties on inspiration _____
 Pulse at rest: 16 /min. difficulties on expiration _____

Visual examination of head: normal _____
 Conjunctiva: normal _____
 Mandibular lymph nodes: normal _____
 Jugular veins: normal _____
 Nasal discharge: no yes _____
 Spontaneous cough: no yes _____

II. Examination at rest

Nervous system normal _____
 Any indications of paralysis and problems of the central nervous system _____
Eyes _____
 Anterior segment including lids, conjunctiva, cornea, anterior chamber, iris and adnexa: normal _____
 Posterior segment including lens, vitreous humour and retina: normal _____
 Mydriasis: yes no (Please observe status of fundi)

Behaviour normal _____
Respiratory system _____
 Cough reflex: normal _____
 Auscultation of the trachea: normal _____
 Auscultation of the lungs: normal _____

Following respiratory stimulation: normal _____
 (rebreathing exam, closure of nostrils or via medication)

Heart normal _____

Oral cavity, teeth normal _____
 (rostral aspect)

External genitalia normal _____
 Visual examination and palpation _____
Faeces consistency normal _____

Drug testing urine blood immediately examined not examined different handling

III. Examination of the locomotor system

Visual inspection and palpation of the neck, back, croup, chest and abdominal region

normal

Visual inspection and palpation of the limbs

L. F.: normal

R. F.: n

L. H.: n

R. H.: n

Shoering normal only front feet 4x normal

Examination of the horse at walk and trot in hand – straight up and back – on firm ground

normal

Flexion tests

Pain on turning: no yes

Flexion of limbs (standard, 1 min, +, ++, +++)

L. F.: neg. pos. _____ L. H.: neg. pos. _____

R. F.: neg. pos. _____ R. H.: neg. pos. _____

Pain while flexing/flexion mechanically impossible _____

Hoof tester neg.

Neurologic abnormalities none

Additional examination none

IV. Examination during/following exercise (heart, respiratory system, locomotory system)

(Horse should be exercised until it shows rapid respiration) lunged without side-reins ridden running free

Locomotory problems: no yes _____

Abnormal respiratory sounds: no on inspiration on expiration

Breathing problems: no yes _____

Coughing, nasal discharge: no yes _____

Auscultation Heart normal

Lungs normal

Pulse and respiratory rates following exercise

	Rate of rest	Immed. follow. exercise	After 5 minutes	After 10 minutes
Pulse	40	88	48	44
Respiration	16	62	22	18

Rapid respiration after _____ minutes at the trot and/or 5 minutes at the gallop

V. Other and/or special examinations

a) Radiographic examinations Findings described (according to "Röntgenleitfaden", i.e. German Guidelines for reporting radiographic purchase examination)

yes no

1.) Standard

Toe

(Dorsoproximal-
palmarodistal,
Oxspring)

L. F.:

R. F.:

Toe

(90° Overview)

L. F.:

R. F.:

L. H.:

R. H.:

Tarsus

(2 views: 45-70°,
90-135°)

L.:

(45-70°)

L.:

(90-135°)

R.:

(45-70°)

R.:

(90-135°)

Tarsus

(3rd view, 0°
recommended)

L.:

R.:

2.) Additional radiographic examination

Stifle

[2 views: 90-115° 0/180°]

L.: (90-115°)

L.: (0/180°)

R.: (90-115°)

R.: (0/180°)

Spinal processes (thoracic/lumbar) (90°, respectively, 270°)

number of radiographs:

3.) Additional radiographs (special supplementary radiographs for purpose of control)

Navicular bone (90° and tang.)

L. F. (90°):

L. F. (tang.):

R. F. (90°):

R. F. (tang.):

Pedal joint (flexed, 45° and 31.5° on Oxspring block)

L. F. (45°):

L. F. (31.5°):

R. F. (45°):

R. F. (31.5°):

Fetlock joint (4 views: 0°, 45°, 90°, 31.5°)

L. F. (0°):

L. F. (45°):

L. F. (90°):

L. F. (31.5°):

R. F. (0°):

R. F. (45°):

R. F. (90°):

R. F. (31.5°):

4.) Other radiographs
