



Groß- und Kleintierpraxis Rottinghaus GbR

D-49685 Emstek, Germany · Hauptstr. 4 ·

Tel: 0049 (0) 04473/9433480 · Fax: 0049 (0) 04473/9433481

Examination Protocol

Horse: Fürst U Figo (Fürst Romancier x De Niro)
Breed: Oldenburg Sex: gelding
Colour: black-brown Age: 29.05.2017 ID-Nr.: DE 433 330 079 317

Period / length of ownership:

Was the horse presented for a pre-purchase examination in the last 12 weeks?

yes, result: _____

No

Not known

Intended purpose/educational stage of the horse: ridden

Medication in the last 6 weeks: no yes: _____

no
Previous lameness:

no

Previous diseases:
no

Operations:
Castration: 2,5 years

Stereotypic behaviour: (Weaving, Crib biting etc.):
no

Housing: Stable Pasture Open stable Stable & pasture
Feeding: Hay Wet Dry; Silage Oats Pellets Other:

Bedding: Straw Shavings Other:

Last shod on: 6 weeks ago Last wormed on: Dec-2021

Vaccinations: Regularly Influenza EHV 1,4 Other: Tetanus

Equine Passport: present FEI-Pass present Medical record present

Slaughter animal Non slaughter animal

I guarantee that the information provided about the horse in this form is correct. I agree with the procedure of the pre-purchase examination, which includes the obtaining of blood samples for a doping test, for sedation during endoscopic examination and for removal of the shoes for the radiographs of the navicular bone. During the pre-purchase examination I will be present;

personally not personally *

As the current owner or authorised person, I also declare that:

The „Groß- und Kleintierpraxis Rottinghaus“ was not involved with the pre-treatment of this horse.

The „Groß- und Kleintierpraxis Rottinghaus GbR“ have treated this horse prior to the pre-purchase examination. The veterinary practice Rottinghaus is hereby relieved from the professional code of secrecy for veterinarians.

Undersigned person: Owner Vendor Authorised person

City Uisbela Date 11/02/2022 J. P. G. G. G.

A.3. Place and date of the examination:

Wisbech 11/02/2022

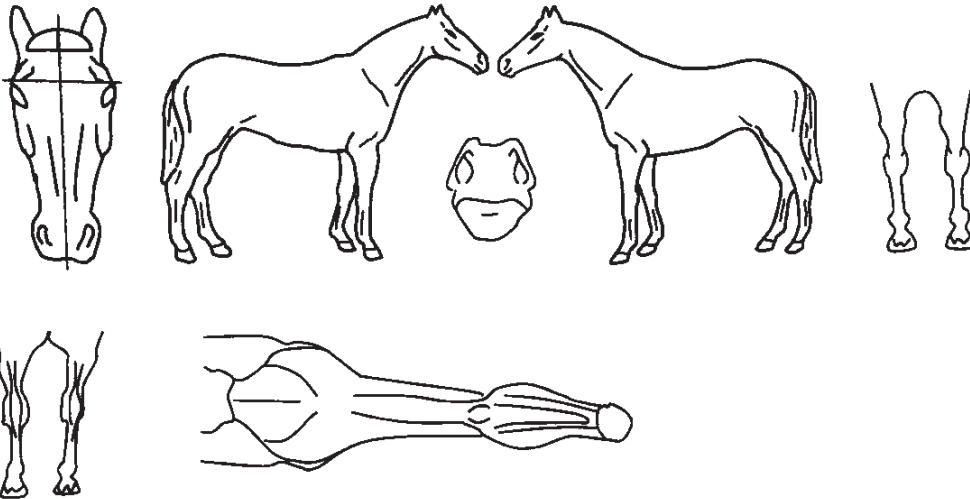
A.4. Preliminary Information stated by the purchaser or authorised person;

Before the examination the purchaser had a test ride on the horse

no yes; Any rider's remarks: no yes _____

A.5. Description of the horse

Not necessary if a description of the horse is available in the passport:

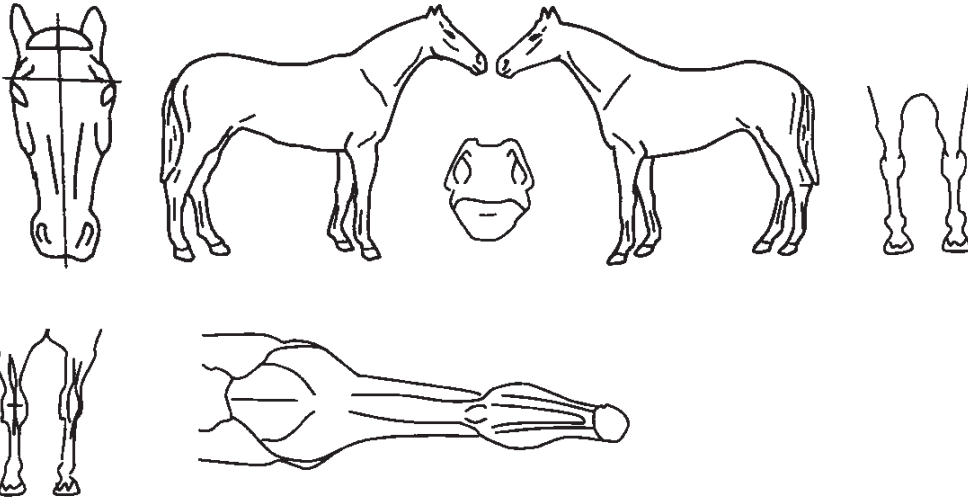


Clinical Examination

B.1. General Examination

Diagram to draw in scars, exostoses, other points of interest;

→ Scars ○ Exostoses + Other: _____



Grooming Condition: NAF (no abnormalities found)

Skin and hair: NAF

Striking scars: NAF

General condition: NAF

Temperature: 37.6 °C

Pulse: 48 /min.

Quality: NAF

Heart auscultation: NAF

Mucous membrane: NAF

Conjunctiva: NAF

Jugular veins: NAF

Breathing system: Rest frequency: 12 /min.

Breathing: NAF Aggravated inspiration Aggravated expiration

Nasal discharge: no

yes _____

Spontaneous coughing: no

yes _____

Coughing reflex: no

yes _____

Larynx palpation: NAF

Trachea palpation: NAF

Trachea auscultation: NAF

Lung auscultation: NAF

Mandibular lymph nodes: NAF

Peripheral nerve system: NAF

Mouth / teeth (inspection)

~~X~~ NAF

Exterior, reproductive organs:
(palpation and inspection)

~~X~~ NAF

Faeces:

~~X~~ NAF

Other:

B.2. Examination of the eyes

Signs of disorders of the conjunctiva, cornea, iris, lenses, vitreous humour, background of the eye:

~~X~~ no

Other:

B.3. Examination of the locomotory / musculoskeletal system:

Inspection and palpation of the limbs: (e.g. stature, hoof conditions)

	POSITION FRONT			POSITION Laterally		
	NORMAL	TOED IN	TOED OUT	NORMAL	OVER AT KNEE	BACK AT KNEE
FRONT LEFT	X			>		
FRONT RIGHT			X	X		
HIND LEFT	X			X		
HIND RIGHT	>			X		

	SHOEING					
	NORMAL	NO SHOES	OVERDUE	THICKENED	TOO NARROW/SMALL	PAD
FRONT LEFT		X	X			
FRONT RIGHT		>	X			
HIND LEFT		X	X			
HIND RIGHT		X	X			

GENERAL REMARKS:

	HOOVES					
	NORMAL	STEEP	FLAT	NARROW HOOF	VERY WIDE	BAD HORN CONDITION
FRONT LEFT	>					
FRONT RIGHT	X					
HIND LEFT	>					

HIND RIGHT	<input checked="" type="checkbox"/>					
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	COMPLETE FETLOCK TENDON SHEATH					
	NORMAL	FILLED	CONSIDERABLY FILLED	HARDENED	PAINFUL	OTHER:
FRONT LEFT	<input checked="" type="checkbox"/>					
FRONT RIGHT	<input checked="" type="checkbox"/>					
HIND LEFT	<input checked="" type="checkbox"/>					
HIND RIGHT	<input checked="" type="checkbox"/>					

General remarks:

Examination with hoof pincers:

FRONT LEFT: NAF _____ FRONT RIGHT: NAF _____

HIND LEFT: NAF _____ HIND RIGHT: NAF _____

Back palpation:

NAF

Examination of walk and trot:

Straight forward / hard ground : NAF

In a circle / hard ground: NAF

In a circle / soft ground: NAF

Signs for ataxic movements:

no

yes _____

Provocation problems:

Flexing pain: no

yes _____

Flexing pain – trotting after 1 Min. of flexing

FRONT LEFT: (-)

FRONT RIGHT: (-)

HIND LEFT: (-)

HIND RIGHT: (-)

(EXPLANATION: - : free trotting (sound), +/- : first 3 steps not sound, + : approx. 10 steps lame, ++ : very lame)

Specific flexion tests:

B.4. Examination of the heart, respiratory system and locomotory system under workload:

Exercised till the breathing becomes more intense: lunged ridden

Abnormal breathing: no

inspiratory; Character: _____

expiratory; Character: _____

Breathing problems: no

Locomotory disturbances: no

Coughing, nasal discharge: no

Auscultation Heart: NAF

Lung: NAF

Pulse- and breathing rates :

	Before workload	After workload	Recovery time
PULSE RATE	68	60	1 min
BREATHING RATE	12	24	1 min

B.5. Endoscopy of the upper respiratory system:

not examined Images printed Video

Results: NAF

Sedated

Additional examination(s):

Blood sample taken, evidence of doping relevant substances

- None taken
- Taken for immediate testing
- Taken and frozen (stored for 6 months)

Additional paperwork:

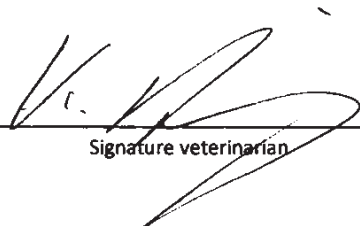
- Copy of diagram Equine Passport
- X-ray assessment report
- X-ray copy – CD
- digital copy endoscopy

Assessment of the examination results

We do not assess stereotypic behaviour!

The report prior to examination describing the condition and treatment of the horse has been completed by the vendor or authorised person.

During today's examination we did not find the presence of significant health abnormalities.

City <u>Visbeck</u>	Date <u>11/02/2022</u>
<u></u>	_____
Signature veterinarian	Stamp

27643330079317

2/56

Kaufvertrag

1. Beschreibung des Kaufgegenstandes
(200) Farbe (201) Kopf (202) Vorderbein links (203) Vorderbein rechts (204) Hinterbein links (205) Hinterbein rechts (206) Körper (207) Abzeichen

- a. Schwarz Braun
- b. ohne Abzeichen
- c. linke Vorderfessel unregelmäßig weiß
- d. rechter Vorderfuß unregelmäßig weiß
- e. linker Hinterfuß unregelmäßig weiß
- f. rechter Hinterfuß unregelmäßig weiß
- g. ohne Abzeichen
- h. linke Vorderfessel und rechter Vorderfuß mit Kronenflecken

A) Name und Anschrift des Empfängers dieses Dokuments
Name und address of recipient of this document
Name et adresse du destinataire de ce document

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Mehlerdamm 4
49456 Westerkapelle

