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Veterinary Surgeon

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## Examination Report

"HOLIDAY"

(JN SHALLAH DE MUZE)

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

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

### Description

Race or Type: KWPN  
Pedigree no.: 528 003 2012 068 a8  
Age: 25 JUN 2012  
Sex: FEMALE  
Shoulder height: 160  
Level of training: SPORS  
Colour: CHESTNUT  
Outline: \_\_\_\_\_

cf studbook papers

microchip: 528210002833014

### 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: \_\_\_\_\_  
Mouth normal/deviant: \_\_\_\_\_  
Spontaneous cough present/not present: \_\_\_\_\_  
Larynx normal/sensitive: \_\_\_\_\_  
Cicatrice cornage operation: present/not present: \_\_\_\_\_

### Further clinical examination

	not deviant	deviant
Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laringoscopy if necessary	<input type="checkbox"/>	<input checked="" 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"/>

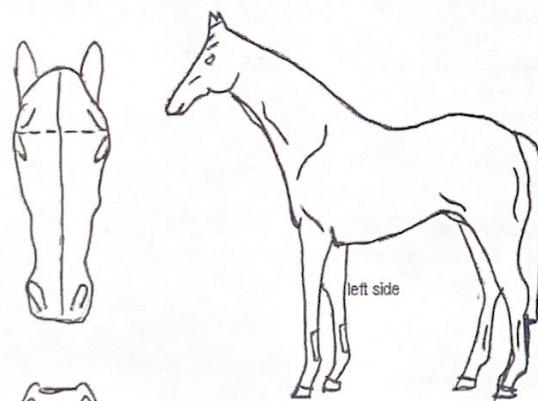
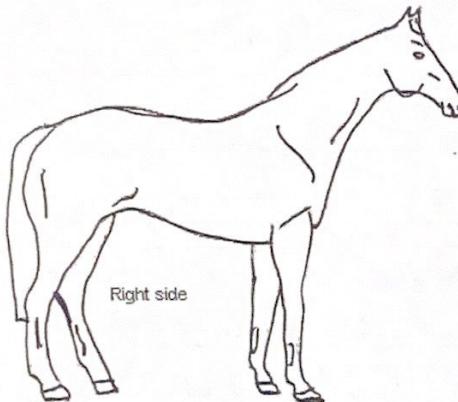
### Motion system:

Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Palpation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Percussion	<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"/>
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"/>

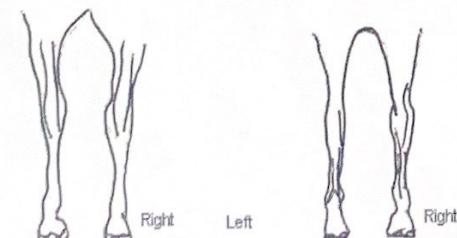
Fronts hoofs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoof visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

equal not equal



Hind rear view

fore rear view



	not deviant	deviant
<b>Walking on hard ground</b>		
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"/>

<b>Trotting on hard ground</b>	
straight line	<input checked="" type="checkbox"/>
left small volt	<input checked="" type="checkbox"/>
right small volt	<input checked="" type="checkbox"/>

<b>Trotting on soft ground</b>	
left volt	<input checked="" type="checkbox"/>
right volt	<input checked="" type="checkbox"/>

<b>Cantering/Galloping on soft ground</b>	
left volt	<input checked="" type="checkbox"/>
right volt	<input checked="" type="checkbox"/>

**Bending tests**  
Tightening of lower foot or leg

Left forefoot	<input checked="" type="checkbox"/> not sensitive / sensitive
Right forefoot	<input checked="" type="checkbox"/> not sensitive / sensitive
Left hind leg	<input checked="" type="checkbox"/> not sensitive / sensitive
Right hind leg	<input checked="" type="checkbox"/> not sensitive / sensitive
Trotting off after two minutes bending	

Hock:

LF	-	++	++
RF	-	++	++
LH	-	++	++
RH	-	++	++
LL	-	++	++
RL	-	++	++

Fixing the kneecap

L	not possible / possible
R	not possible / possible

if necessary conductivity anaesthesia in consultation with the owner:

	good	fair	bad
Navicular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Necessary results of any other x-ray examinations

Number: hole day

After the examination ~~blood~~ no blood was taken to search for illegal practices.  
If necessary laboratory results:

\_\_\_\_\_

In Consignation

\_\_\_\_\_

\_\_\_\_\_

#### FINAL CONCLUSION

Clinical in GENERAL A  
POSITIVE ADVICE ON THE  
DAY OF THE EXAMINATION  
IE 07 FEB 07

The examination was carried out and reported by

Mark Deuss, Veterinary surgeon at Kinrooi on:

(date) 07 FEB 2007

(Signature and stamp)

Mark Deuss Veterinary Surgeon Brewerveshofstraat 87 3040 Kinrooi (B) Tel. 0031 6 537 587 01
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