

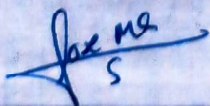
PREVIOS INFORMATION REPORTED BY OWNER OR REPRESENTATIVE

Horse name	Sex	Age	Breed-Colour
INCA DEL PUERTO	q	8y	BROWN
Microchip number	724/200021024 24		Price
Passport FEI / RFHE / PRE / Studbook / DIE			
Representative	DNI	Since	3y
Current use	JUMPING	Training level	1'15 m
Last time competition/ results	15 JUL 21		
Any treatment in the last 2 month <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What and when	Previous lameness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Evolution		
Previous disease <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Evolution	Previous surgery <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Evolution		
Vices <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Detail	Maintenance <input type="checkbox"/> Box <input checked="" type="checkbox"/> Mixed <input type="checkbox"/> Field <input type="checkbox"/> Other		
Diet <input checked="" type="checkbox"/> Straw <input checked="" type="checkbox"/> Hay <input checked="" type="checkbox"/> Mixed <input type="checkbox"/> Alfalfa <input type="checkbox"/> Cereal <input type="checkbox"/> Other	Bedding <input type="checkbox"/> Straw <input checked="" type="checkbox"/> Shavings <input type="checkbox"/> Other		
Vaccinations/ Date <input checked="" type="checkbox"/> Flu <input checked="" type="checkbox"/> Tetanus <input checked="" type="checkbox"/> Herpes <input type="checkbox"/> Others	Deworming/ Date 1/10/21 Product and date EQUALW		
Shoeing Type and date 30 days ago	Previous injections/infiltrations		

The owner / manager declares certain answers given in the "Background Information"

- Authorize horse sedation if necessary
- Authorize removal of horseshoes if necessary
- Authorize lounging in hard surface
- Authorize flexion tests
- Authorize blood sample collection for antidoping test

Owner/ representative signature



Identification number (DNI)

53657395 - H

Annotations

N = Normal. No pathological findings

M = Mild. Abnormal findings minor

A = Abnormal. Abnormal findings of greater importance

NP = Not performed

GENERAL EXAMINATION

1.1 General condition

Nutritional status

N M
 A NP

Muscular condition

N M
 A NP

Jugular veins

N M
 A NP

Mucous membranes

N M
 A NP

Lymph nodes

N M
 A NP

Proximal neck

N M
 A NP

1.2 Skin and coat

Scars

N
 M
 A
 NP

Skin tumors

N
 M
 A
 NP

Observations

1.3 Cardio-respiratory system

PULSE

Quality

N
 M
 A
 NP

Observations

36 bpm Rest

BREATHING

Respiratory sounds

No Inspiration
 Yes Expiration

Breathing difficulty

No Observations
 Yes

Pulmonar auscultation

N Observations
 M
 A
 NP

Nasal secretion

No Bilateral Right Left
 Yes

Spontaneous cough

No Observations
 Yes

Productive Cough (with mucus)

No Observations
 Yes

Tracheal auscultation

N Observations
 M
 A
 NP



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Veterinario
Col. ICOVM N°3842
Telf: 609 087 992

avee Asociación de Veterinarios Especialistas en Equinos

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1.4 Ophthalmologic exam

Signs of illness examined with direct ophthalmoscope and under field conditions

Mydriasis No Yes Observations

Ocular examination N M A NP Observations

1.5 Nervous system

Signs of nervous system disease shown during the examination

Signs of disease No Yes

General behavior N M A NP

Tail tone N M A NP

Postural reflexes N M A NP

Coordination N M A NP

1.6 Oral Cavity

Examination done without sedation and without speculum

External examination and palpation N M A NP

Oral mucous membranes N M A NP

Tongue N M A NP

Wolf teeth No Yes 105 205

Enamel points, hooks No Yes Observations

Teeth needed to be rasped No Yes Observations

1.7 External urogenital system

Visual inspection and external palpation N M A NP Observations

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1.8 Digestive system

Feeces N M A NP

Intestinal motility N M A NP

Palpation of ventral midline N M A NP

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1.9 Passive musculoskeletal examination

Visual exam and palpation of
Neck / Back / Croup

- N
 M
 A
 NP

Observations

Limbs conformation and palpation

RF

- N M
 A NP

Observations

LF

- N M
 A NP

Observations

RH

- N M
 A NP

Observations

LH

- N M
 A NP

Observations

HOOVES

Quality of hooves / percussion
/ inspection and hoof-testers examination

- N
 M
 A
 NP

Observations

Height and width of heels

- N
 M
 A
 NP

Observations

LF 53°
RF 53°

Frog

- N
 M
 A
 NP

Observations

Shoeing

- N
 M
 A
 NP

Observations

1.10 Active musculoskeletal examination

Flexion tests are assessed in four grades

- no pain -+mild pain + moderate pain ++ severe pain

Flexion of the distal limb after one minute

RF

- + ++

LF

- + ++

RH

- + ++

LH

- + ++

Flexion of the tarsus (bone spavin test) after one minute

RH

- + ++

LH

- + ++

Stifle inspection

RH

- N M A NP

LH

- N M A NP

The lameness exam was performed in hard surface (walk and trot) and in soft surface (walk, trot, and canter) in straight line and circles in both hands (15 minutes)

lounge line

ridden

Surface observation

Soft

4/F

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Movement at the walk hard surface					
Walk straight line	Right circle	Left circle			
<input checked="" type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> NP	<input checked="" type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> NP	<input checked="" type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> NP
Movement at the trot hard surface					
Trot straight line	Right circle	Left circle			
<input checked="" type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> NP	<input checked="" type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> NP	<input checked="" type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> NP
Movement at the trot soft surface					
Trot straight line	Right circle	Left circle			
<input checked="" type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> NP	<input checked="" type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> NP	<input checked="" type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> NP
Movement at the canter soft surface					
Right circle	Left circle				
<input checked="" type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> NP	<input checked="" type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> NP		

1.11 Cardio-respiratory system after exercise

	At rest	After 10 min
HR	36	
RR	-12	

PULSE		
Quality	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations

BREATHING		
Respiratory sounds	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Inspiration <input type="checkbox"/> Expiration
Difficulty breathing	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Observations
Pulmonar auscultation	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations
Nasal secretion	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left
Spontaneous cough	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Observations
Productive cough (with mucus)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Observations
Tracheal auscultation	<input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> NP	Observations

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2.1 Basic radiographic projections

For the evaluation of the findings, these are divided into 4 classes:

Class I:

No specific abnormal findings and findings that are categorized as anatomical variants. (Condition / ideal state).

Class II:

Findings that differ little from ideal condition in which the onset of clinical signs is estimated with a low probability (condition / normal).

Class III:

Findings that differ from the normal condition in which the onset of clinical signs is estimated with a medium probability (condition / acceptable state).

Class IV:

Findings that differ considerably from normal condition in which clinical signs are likely, above 50%. (Condition / risk status).

Intermediate classes:

The use of intermediate classes I - II, II - III and III - IV states that several examiners may reach different results possibly by the clarity of the findings and experiences.

The customer is aware of the disadvantages of image quality when the horseshoes are not removed.

Permission to remove the shoes No Yes

HOOF LM	RF	Class <input type="checkbox"/>	Observations
	LF	Class <input type="checkbox"/>	Observations
NAVICULAR BONE DPr-PaDiO	RF	Class <input type="checkbox"/>	Observations
	LF	Class <input type="checkbox"/>	Observations
FETLOCK LM /DP	RF	Class <input type="checkbox"/>	Observations
	LF	Class <input type="checkbox"/>	Observations <i>small osteophyte Fetlock</i>
	RH	Class <input type="checkbox"/>	Observations
	LH	Class <input type="checkbox"/>	Observations
HOCKS DL-PM O	RH	Class <input type="checkbox"/>	Observations
	LH	Class <input type="checkbox"/>	Observations
HOCKS DM-PL O	RH	Class <input type="checkbox"/>	Observations
	LH	Class <input type="checkbox"/>	Observations
STIFLE LM/ CaL-CrM O	RH	Class <input type="checkbox"/>	Observations
	LH	Class <input type="checkbox"/>	Observations



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2.2 Other projections

Not requested

SUPPLEMENTARY STUDY

3.1 Results other tests

Not requested

3.2 Recommended test

Based on the findings and then discussed between veterinary and requestor, this:

- renounces perform additional tests
 request perform the following additional tests

CONCLUSIONS

In my opinion, on the balance of probabilities, the conditions reported above today,

DO NOT DO

Prejudice this horse's suitability for purchase to be used for; obviously an individual prognosis is not possible to give.

In the case of potential risk, this would be considered LOW / MEDIUM / HIGH for a purchase decision.

Requestor Signature

Fernando González Pérez

Veterinary Signature
 Col. ICOYM N°3842
 Telf: 889 087 992

Place

Madrid

Date

6 / OCT / 2021

- 1- The veterinarian who performed the prepurchase examination has no liability whatsoever for any loss or damage caused by the exam or resulting from inaccuracies or deficiencies in the preparation of this report unless it can be established that such loss or damage are due to a willful act or grave negligence.
- 2- In any case, liability shall be limited to the amount covered by liability insurance.
- 3- The reports have no legal validity whatsoever until it is fully signed and the customer has proof of payment.
- 4- AVEE not responsible for the opinion of each veterinary.

↑/↓