

Examination report

Number: E124670

(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).

Client: ESHA

Address: _____

Zip code / City: _____

Client is present at the exam: yes / no

Client is: buyer / seller / other, namely _____

Level of training (according to client): _____

Proposed use (according to client): breeding / sport

Location where the exam takes place: clinic / other, namely _____

Signalment

Name: KASPAROV VO TREPKES

Breed or type: BLP

Studbook no: 056002 W002963 86

Microchip number: 9811 0000 208 2450

Pedigree: FLORETT x KRACK C

Age: 05/07/2010 Sex: GELDING

Coat colour: BLACK Height at withers ±: _____

Markings

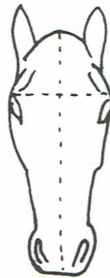
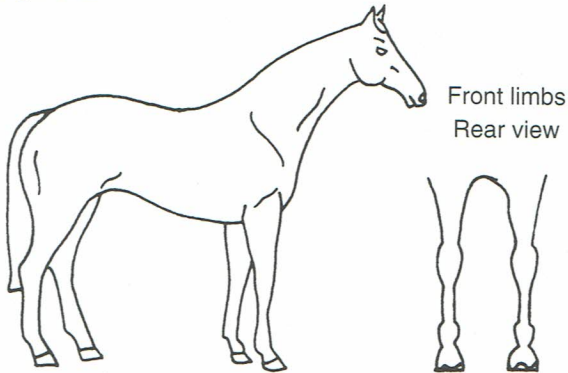
Head: _____

LF: _____ LH: _____

RF: _____ RH: _____

Other: _____

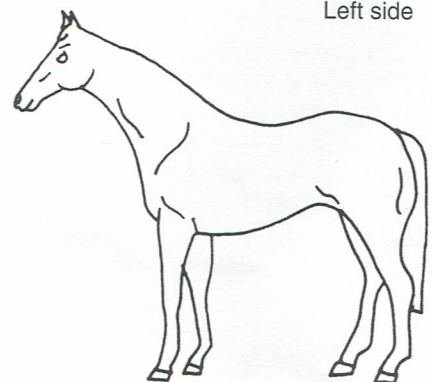
Right side



Hindlimbs
Rear view



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

Veterinary practice (signature) **Dierparks Katrien Houben**
KI Het Bokt
Willebrordusstraat 42, 3910 Pelt
Ordenr 5634
0032/472825800

CONCLUSION:

THE HORSE IS HEALTHY
GOOD CLINICAL EXAM

NORMAL RISK AS A SPORTHORSE

Thus examined and reported by me:

KATRIEN HOUBEN

veterinary surgeon in:

PELT

This report can relate only to the appearance on the date of

examination: 13/05/2022

Signature of Client:

Signature of examining veterinary surgeon:

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 type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
shoeing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
type of shoeing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

even / uneven higher than
no / front / front and hind

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="text"/>	RF	<input type="text"/>
Fetlock joint	LF	<input type="text"/>	RF	<input type="text"/>
Sesamoid bones	LF	<input type="text"/>	RF	<input type="text"/>
Tarsal joint	LH	<input type="text"/>	RH	<input type="text"/>

	Fragments		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:
