

B. Prepurchase examination record

Client

Veterinarian

Name	PRAXIS FÜR PFERDE REYERING
Street	GRUBENSTRASSE 10
Address	49497 METTINGEN
Phone	TEL. 0 54 52 / 91 98 80
Fax	
E-Mail	www.pferdeambulanz.com

Third person (Section 11 General Conditions)

Buyer Vendor

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

Place and date of examination

Emsdetten/08/2022

People present

Was the horse tried out?

yes no Irregularities _____

FEI/Equine passport available: not available Identification number: 528 0 03201604208
Transponder: 528210004422527 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: Lieutenant N
Sex: gelding
Age (Teeth): 6 years
Markings: _____

Breed: KWPN
Colour: grey
Brand: _____

I. General examination

Body condition	<input checked="" type="checkbox"/> normal	_____
Coat and skin	<input checked="" type="checkbox"/> normal	_____
Conspicuous scars:	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes _____
Skin tumours:	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes _____

Contact No.

122391

Temperature	37.5	°C	
Pulse quality	<input checked="" type="checkbox"/>	normal	
Rate at rest	40	/min.	
Respiration	<input checked="" type="checkbox"/>	normal	<input type="checkbox"/> difficulties on inspiration <input type="checkbox"/> difficulties on expiration
Pulse at rest	16	/min.	
Visual examination of head	<input checked="" type="checkbox"/>	normal	
Conjunctiva	<input checked="" type="checkbox"/>	normal	
Mandibular lymph nodes	<input checked="" type="checkbox"/>	normal	
Jugular veins	<input checked="" type="checkbox"/>	normal	
Nasal discharge	<input checked="" type="checkbox"/>	no	<input type="checkbox"/> yes _____
Spontaneous cough	<input checked="" type="checkbox"/>	no	<input type="checkbox"/> yes _____

II. Examination at rest

Nervous system	<input checked="" type="checkbox"/>	normal	
Any indications of paralysis and problems of the central nervous system:			
Eyes	<input checked="" type="checkbox"/>	normal	
Anterior segment including lids, conjunctiva, cornea, anterior chamber, iris and adnexa	<input checked="" type="checkbox"/>	normal	
Posterior segment including lens, vitreous humour and retina	<input checked="" type="checkbox"/>	normal	
	<input type="checkbox"/> Mydriasis	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	(Please observe status of food)
Behaviour	<input checked="" type="checkbox"/>	normal	
Respiratory system			
Cough reflex	<input checked="" type="checkbox"/>	normal	
Auscultation of the trachea	<input checked="" type="checkbox"/>	normal	
Auscultation of the lungs	<input checked="" type="checkbox"/>	normal	
Following respiratory stimulation (breathing exam, closure of nostrils or via medication)	<input checked="" type="checkbox"/>	normal	
Heart	<input checked="" type="checkbox"/>	normal	
Oral cavity, teeth (rostral aspect)	<input checked="" type="checkbox"/>	normal	
External genitalia	<input checked="" type="checkbox"/>	normal	
Visual examination and palpation			
Faeces consistency	<input checked="" type="checkbox"/>	normal	
Drug testing	<input type="checkbox"/> urine	<input type="checkbox"/> blood	<input type="checkbox"/> Immediately examined <input checked="" type="checkbox"/> not examined <input type="checkbox"/> different handling

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

Shoeing normal 4X

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

Additional examination

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 at rest	Immed follow exercise	After 5 minutes	After _____ minutes
Pulse	90	68	44	-
Respiration	16	48	20	-

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

Other and/or special examinations

a) Radiographic examinations

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

yes no

1.1 Standard

Toe
(Dorsoproximal-
palmarodistal,
Oblique)

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.

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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: L.F. (90°):
(90° and long.)

L.F. (long.):

R.F. (90°):

R.F. (long.):

Pedal joint: L.F. (45°):

(flexed, 45° and
315° on Cossiring
block) L.F. (315°):

R.F. (45°):

R.F. (315°):

Fetlock joint: L.F. (0°):

(4 views, 0°, 45°,
90°, 315°) L.F. (45°):

L.F. (90°):

L.F. (315°):

R.F. (0°):

R.F. (45°):

R.F. (90°):

R.F. (315°):

4.) Other radiographs

Summary report



Following the prepurchase examination performed today, no evidence could be found of health problems that could influence the state of health.

Examination requirements



 not suitable

Reasons

Meltingan 11/08/2022
(Place, date)

Figure 1

Effect of fecal concentration

Wearables

Additional/further examinations (e.g. rectal, vaginal, laboratory, complete examination of the oral cavity, haematology, blood chemistry, analysis for infectious diseases e.g. FIV, FHV, CEM)

DOCUMENTS

□ normal

Contact Information

122391