

Mark Deuss
Veterinary Surgeon

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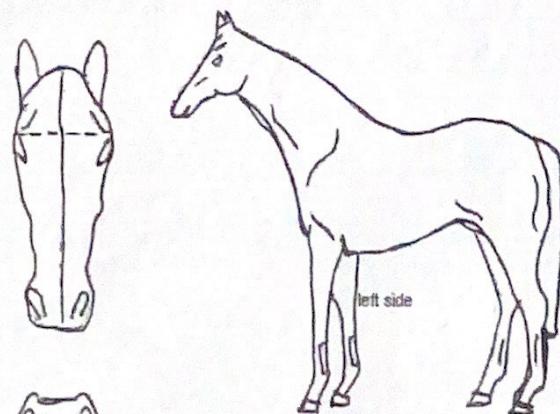
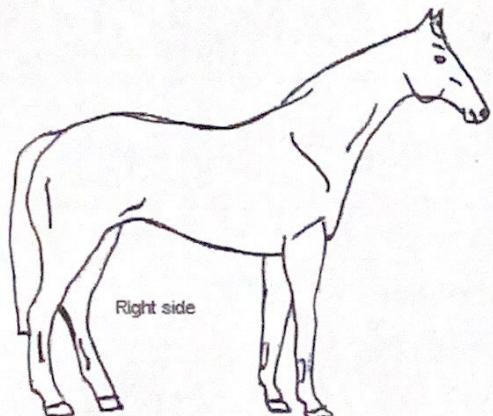
Examination Report

"MILLION DOLLAR"

(MILLION DOLLAR X CERO I)

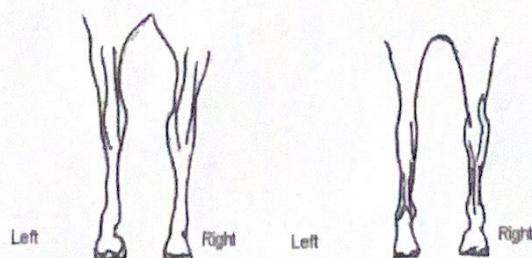
Examination for the purpose of purchase, sale insurance

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



Hind rear view

fore rear view



Description

Race or Type: DE
Pedigree no.: DE 421 000 139 418
Age: 16/MAY/2010
Sex: MALE
Shoulder height: _____
Level of training: SPORTS
Colour: BAY
Outline: J

jk sand paper!

Microchip no.: 27602000661686

General Examination

Build and posture good/deviant
Feeding condition good/deviant
Skin and hair good/deviant
Pulse in condition of rest/possibly after labour: 100
Respiration in condition of rest/possibly after labour: 200
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 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
Horn quality
Hoof percussion
Hoof visitation

equal not equal

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

	not deviant	deviant
Walking on hard ground		
straight line	✓	<input type="checkbox"/>
Left small volt	✗	<input type="checkbox"/>
Right small volt	✗	<input type="checkbox"/>

Trotting on hard ground	
straight line	✗
left small volt	✗
right small volt	✗

Trotting on soft ground	
left volt	✗
right volt	✗

Cantering/Galloping on soft ground	
left volt	✗
right volt	✗

Bending tests
Tightening of lower foot or leg

Left forefoot	not sensitive/sensitive
Right forefoot	not sensitive/sensitive
Left hind leg	not sensitive/sensitive
Right hind leg	not sensitive/sensitive
Trotting off after two minutes bending	

LF-L	±	+	++
RF-L	±	+	++
LH-L	±	+	++
RH-L	±	+	++
LF-R	±	+	++
RF-R	±	+	++

Hock:

Fixing the kneecap

L	not possible / possible
R	not possible / possible

If necessary conductivity anaesthesia in consultation with the owner:

Number: MILLION DOLLAR

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

JN CONSIGNATION

FINAL CONCLUSION

Clinical in general a
positive advice on the
day of the examination
IE 2021/june/15

The examination was carried out and reported by
Mark Deuss, Veterinary surgeon at Kinrooi on:
(date) 15/june/2021

(Signature and stamp)

Mark Deuss
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Results of the X-ray examination

	good	fair	bad
Navicular	LF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular	RF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	LF <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fetlock	RF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	LH <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	RH <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	R <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	R <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Necessary results of any other x-ray examinations
