

# Examination report

Number: E 115484

(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).

## Signalment

Name: Mc Golden Flame

Breed or type: NRPS

Studbook no: 528008201900300

Microchip number: 528210006073837

Pedigree: McJonas x m. Jazz

Age: 01-06-2019 Sex: Gelding

Coat colour: Palomino Height at withers ± : \_\_\_\_\_

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 \_\_\_\_\_

## Markings

Head: \_\_\_\_\_

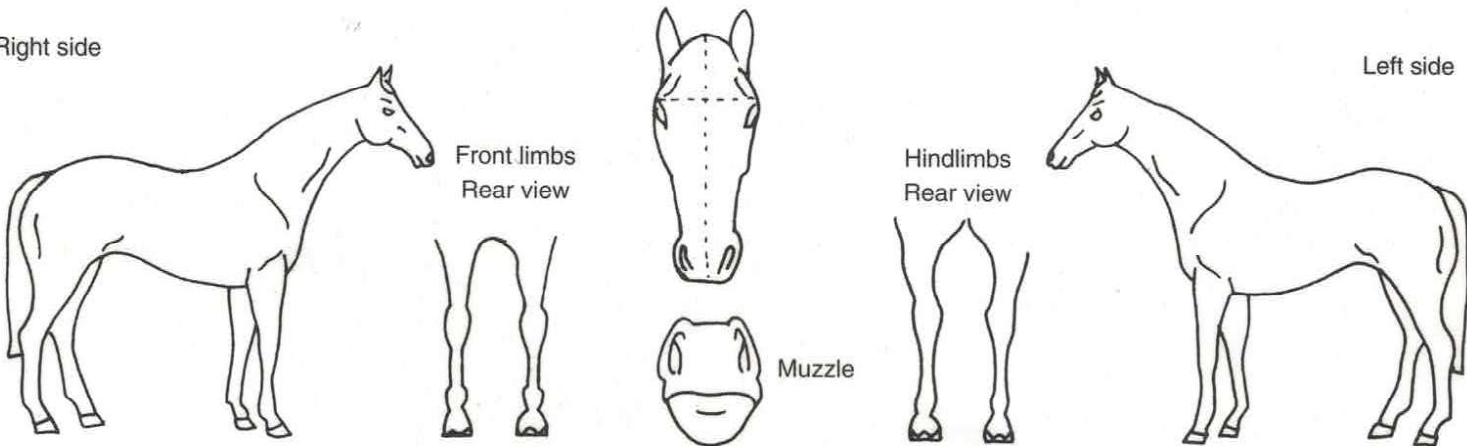
LF: \_\_\_\_\_ LH: \_\_\_\_\_

RF: \_\_\_\_\_ RH: \_\_\_\_\_

Other: \_\_\_\_\_

Right side

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

Dierenkliniek Den Ham  
Veterinary practice (standplaats)  
Dijkbarleseweg 35A  
7683 RC Den Ham  
0546-672600  
info@dierenkliniekdenham.nl  
www.dierenkliniekdenham.nl

CONCLUSION: \_\_\_\_\_

Radiologically acceptable  
for use in  
sports.

1. The examining veterinary surgeon and/or veterinary practice shall not be held liable for loss or damage caused as a result of the performance of the examination or as a result of inaccuracies or shortcomings in their preparation of this report, unless it has been established that this loss or damage is due to malice or negligence on the part of the examining veterinary surgeon.
2. The client shall have the sole right to invoke any action due to liability on the part of the examining veterinary surgeon and/or veterinary practice as described under 1 above. Parties other than the client shall not be entitled to derive any rights to compensation for damages arising from this examination/report.
3. Liability shall be limited at all times to that amount covered by the veterinary surgeon's professional indemnity insurance applicable at the time of the examination. Details of this coverage in the form of policy documents for this insurance may be inspected at the veterinary practice premises, and copies of these may be obtained at first request from the veterinary practice at no charge.
4. The provisions printed on this examination report shall also apply in the event the client fails to sign this form, or refuse to accept receipt of this examination report.
5. If the client upon whose instructions the examination was performed is not the owner of the horse, the client is wholly responsible for having obtained the owner's consent to all procedures performed during the examination, and the client shall fully indemnify the veterinary surgeon in respect of any claim by the owner arising from an allegation that such consent was not given.
6. In the event the client and/or third parties are of the opinion that the health of the horse at the time of the present examination does not correspond to that which is stated in the examination report, these parties must report this to the other party without delay and in writing (for example, together with the purchase contract), under penalty of the lapsing of every right of action against the examining veterinarian and/or the veterinarian practice, and to hold this party liable for compensation, while also simultaneously providing a copy of this report to the examination veterinarian and the veterinarian practice.
7. The laws of the Netherlands shall apply exclusively to any disputes arising from the performance of the examination and/or the completion of the examination report, and the Court of the Netherlands shall retain sole jurisdiction to hear these disputes.
8. In the event of differing interpretations between the Dutch and English text of these conditions, the content of the Dutch text shall be decisive.

Thus examined and reported by me:

C. vd Wouden

veterinary surgeon in:

Den Ham

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

examination: 30/6/21

Signature of Client: \_\_\_\_\_

Signature of examining veterinary surgeon:

C. vd Wouden

**General and clinical examination**

	normal	abnormal
conformation and stance	<input type="checkbox"/>	<input type="checkbox"/>
condition	<input type="checkbox"/>	<input type="checkbox"/>
skin and coat	<input type="checkbox"/>	<input type="checkbox"/>
mucous membranes	<input type="checkbox"/>	<input type="checkbox"/>
lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>
eyes and eyelids	<input type="checkbox"/>	<input type="checkbox"/>
<b>Respiratory system</b>		
respiration at rest	<input type="checkbox"/>	<input type="checkbox"/>
type of respiration	<input type="checkbox"/>	<input type="checkbox"/>
spontaneous coughing	no	yes
larynx sensitivity	<input type="checkbox"/>	<input type="checkbox"/>
respiration after exercise	<input type="checkbox"/>	<input type="checkbox"/>
abnormal sounds	no	yes
laryngoscopy performed	no	yes
laryngoscopy findings	<input type="checkbox"/>	<input type="checkbox"/>
<b>Circulatory system</b>		
peripheral circulation	<input type="checkbox"/>	<input type="checkbox"/>
heart at rest	<input type="checkbox"/>	<input type="checkbox"/>
heart after exercise	<input type="checkbox"/>	<input type="checkbox"/>
<b>Digest. system</b> (ext. insp.)	<input type="checkbox"/>	<input type="checkbox"/>
mouth, teeth, tongue	<input type="checkbox"/>	<input type="checkbox"/>
<b>Urogen. system</b> (ext. insp.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nervous system</b>		
tail tone	<input type="checkbox"/>	<input type="checkbox"/>
correction reflexes	<input type="checkbox"/>	<input type="checkbox"/>
coordination	<input type="checkbox"/>	<input type="checkbox"/>

**Inspection, palpation and eventual percussion**

	normal	abnormal
head	<input type="checkbox"/>	<input type="checkbox"/>
neck	<input type="checkbox"/>	<input type="checkbox"/>
withers	<input type="checkbox"/>	<input type="checkbox"/>
back	<input type="checkbox"/>	<input type="checkbox"/>
croup	<input type="checkbox"/>	<input type="checkbox"/>
left frontlimb	<input type="checkbox"/>	<input type="checkbox"/>
right frontlimb	<input type="checkbox"/>	<input type="checkbox"/>
left hindlimb	<input type="checkbox"/>	<input type="checkbox"/>
right hindlimb	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hooves</b>		
horn quality	<input type="checkbox"/>	<input type="checkbox"/>
hoof percussion	<input type="checkbox"/>	<input type="checkbox"/>
hoof shape	even / uneven ___ higher than ___	
shoeing	no / front / front and hind	
type of shoeing		

**Walk, trot and canter**

	normal	abnormal
<b>Walking on hard surface</b>		
straight line	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trotting on hard surface</b>		
straight line	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trotting on soft surface</b>		
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cantering on soft surface</b>		
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>

**Flexion tests:**

Forced flexion:	Trotting after 1 min. flexion:			
LF not sensitive / sensitive	LF	-	±	+ ++
RF not sensitive / sensitive	RF	-	±	+ ++
LH not sensitive / sensitive	LH	-	±	+ ++
RH not sensitive / sensitive	RH	-	±	+ ++

**Radiological examination performed:**  yes  no  
 Number of X rays: \_\_\_\_\_

**Assessment of radiographs:**

		Grading			
Navicular bone	LF	<input type="checkbox"/>	<input type="checkbox"/>	RF	<input type="checkbox"/>
Fetlock joint	LF	<input type="checkbox"/>	<input type="checkbox"/>	RF	<input type="checkbox"/>
Sesamoid bones	LF	<input type="checkbox"/>	<input type="checkbox"/>	RF	<input type="checkbox"/>
Tarsal joint	LH	<input type="checkbox"/>	<input type="checkbox"/>	RH	<input type="checkbox"/>

	Fragments		Remarks
	-	+	
Fetlock joint	LF	<input checked="" type="checkbox"/> <input type="checkbox"/>	_____
Fetlock joint	RF	<input checked="" type="checkbox"/> <input type="checkbox"/>	_____
Stifle joint	LH	<input checked="" type="checkbox"/> <input type="checkbox"/>	_____
Stifle joint	RH	<input checked="" type="checkbox"/> <input type="checkbox"/>	_____
Tarsal joint	LH	<input checked="" type="checkbox"/> <input type="checkbox"/>	_____
Tarsal joint	RH	<input checked="" type="checkbox"/> <input type="checkbox"/>	_____
Fetlock joint	LH	<input checked="" type="checkbox"/> <input type="checkbox"/>	_____
Fetlock joint	RH	<input checked="" type="checkbox"/> <input type="checkbox"/>	_____

**Radiological exam of other parts / extra findings:**

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**Other remarks:**

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