

B. Prepurchase examination record

Client

Phone:

Fax:

E-Mail:

Veterinarian

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

 PRAXIS FÜR PFERDE
REYERING
GRUBENSTRASSE 10
49497 METTINGEN
TEL: 05452 / 91 98 80
www.pferdeambulanz.com

Third person (Section 11 General Conditions)

Buyer Vendor

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

Place and date of examination

Gansdorfen 10/21/2022

People present

Was the horse tried out?

yes no ? Irregularities _____

FEI/Equine passport available not available Identification number: L _____

Transponder 528210004682047 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: Melchior

Breed: KWPN

Sex:

gelding

Colour: bay

Age (Teeth):

5 years

Brand: _____

Markings: _____

I. General examination

Body condition normal _____

Coat and skin normal _____

Conspicuous scars no yes _____

Skin tumours no yes _____

Rectal temperature	38.0	°C	
Pulse quality	<input checked="" type="checkbox"/>	normal	
Rate at rest	42	/min.	
Respiration	<input checked="" type="checkbox"/>	normal	<input type="checkbox"/> difficulties on inspiration <input type="checkbox"/> difficulties on expiration
Pulse at rest	18	/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 _____ <input type="checkbox"/> no _____
Spontaneous cough	<input checked="" type="checkbox"/>	no	<input type="checkbox"/> yes _____

II. Examination at rest

Nervous system normal

Any indications of paralysis and problems of the central nervous system

Eyes

Anterior segment including lids, conjunctiva, cornea, anterior chamber, iris and adnexa normal

Posterior segment including lens, vitreous humour and retina normal

Mydriasis yes no (Please observe status of food)

Behaviour normal

Respiratory system

Cough reflex normal

Auscultation of the trachea normal

Auscultation of the lungs normal

Following respiratory stimulation normal

(breathing exam,
closure of nostrils or via medication)

Heart normal

Oral cavity, teeth normal

(rostral aspect)

External genitalia normal

Visual examination and palpation

Faeces consistency normal

Drug testing urine blood immediately examined not examined different handling

III. 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. 1

L.H. 1

R.H. 1

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

none

none

none

IV. Examination during/following exercise (heart, respiratory system, locomotory system)

(Horse should be exercised until it shows rapid respiration) unguided without side-reins ridden running free

Locomotory problems no yes _____

Abnormal respiratory sounds no on inspiration on expiration mild

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 <u>5</u> minutes	After <u>10</u> minutes
Pulse	<u>42</u>	<u>78</u>	<u>48</u>	<u>96</u>
Respiration	<u>18</u>	<u>60</u>	<u>26</u>	<u>22</u>

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

Contract No. **122383**

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V. 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.) Standard

Toe (Dorsoproximal, palmarodistal, Oxspring)	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°) is recommended	L.
	R.

2.) Additional radiographic examination

Stifle
[2 views:
90–115° 0/180°]

L [90–115°]

[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
(90° and tang.)

L.F. (90°):

L.F. (tang.):

R.F. (90°):

R.F. (tang.):

Pedal joint
(flexed, 45° and
315° on Qspring
block)

L.F. (45°):

L.F. (315°):

R.F. (45°):

R.F. (315°):

Fetlock joint
(4 views; 0°, 45°,
90°, 315°)

L.F. (0°):

L.F. (45°):

L.F. (90°):

L.F. (315°):

R.F. (0°):

R.F. (45°):

R.F. (90°):

R.F. (315°):

4.) Other radiographs

C. Summary report



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

Examination requirements

suitable not suitable _____
Reasons: _____

Emsdetten 10/12/2022

(Place, date)

(Client or legal representative)

(Veterinarian)

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

_____ normal _____

_____ normal _____

b.) Endoscopy of the respiratory tract – documentation of findings

Sedation	yes <input type="checkbox"/>	no <input type="checkbox"/>										
Substance/dose												
Nasal, and ethmoidal meatus	R. normal <input checked="" type="checkbox"/>											
	L. normal <input type="checkbox"/>											
Guttural pouches	R. normal <input type="checkbox"/>	not examined <input type="checkbox"/>										
	L. normal <input type="checkbox"/>	not examined <input type="checkbox"/>										
Pharynx and guttural pouch fold	normal <input type="checkbox"/>											
Epiglottis	normal <input type="checkbox"/>											
Larynx	normal <input type="checkbox"/>	Symmetry <input type="checkbox"/>										
		Synchrony <input type="checkbox"/>										
Detection of surgical scars	no <input type="checkbox"/>	yes <input type="checkbox"/>										
Other findings												
Trachea	not examined <input type="checkbox"/>	normal <input type="checkbox"/>										
Production of mucus:	+ <input type="checkbox"/>	++ <input type="checkbox"/>	+++ <input type="checkbox"/>	Viscosity:	+ <input type="checkbox"/>	++ <input type="checkbox"/>	+++ <input type="checkbox"/>	Blood:	+ <input type="checkbox"/>	++ <input type="checkbox"/>	+++ <input type="checkbox"/>	
Carina	normal <input type="checkbox"/>	thickened <input type="checkbox"/>										
Other findings												
Additional examinations (e.g. TBS, BAI, bloodgases)												