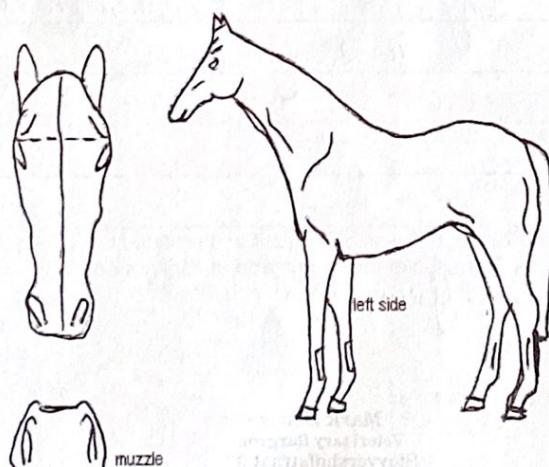
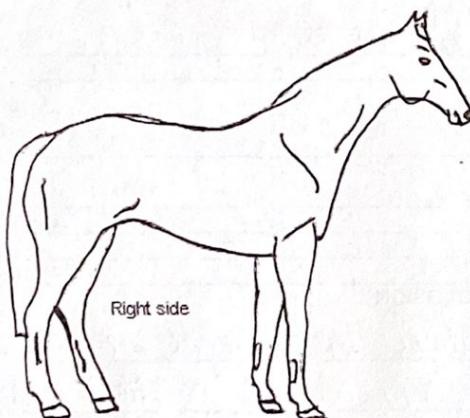


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Veterinary Surgeon

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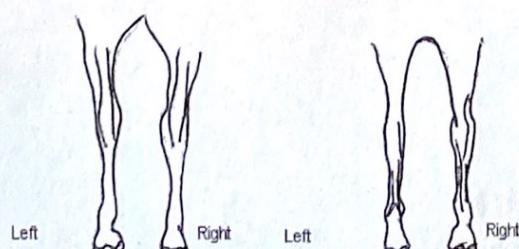
Examination Report

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: KWPN
Pedigree no.: S28003201702546
Age: 23/April/2017
Sex: MALE
Shoulder height: _____
Level of training: SPORTS
Colour: BAY
Outline: GR. STUD BODY PAPER'S'
Microchip nr.: S28210004sgstgg

General Examination

Build and posture good/deviant: _____
Feeding condition good/deviant: _____
Skin and hair good/deviant: _____
Pulse in condition of rest/possibly after labour: PO
Respiration in condition of rest/possibly after labour: NO
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 checked="" 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 checked="" type="checkbox"/> 30
Left hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fronts hoofs	<input checked="" type="checkbox"/>	equal
Horn quality	<input type="checkbox"/>	not equal
Hoof percussion	<input type="checkbox"/>	
Hoof visitation	<input type="checkbox"/>	

(F) BOTH FRONT FEET SLIGHTLY TURNED TO OUTSIDE

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

	not deviant	deviant
Trotting on hard ground		
straight line	✗	<input type="checkbox"/>
left small volt	✗	<input type="checkbox"/>
right small volt	✗	<input type="checkbox"/>

	not deviant	deviant
Trotting on soft ground		
left volt	✗	<input type="checkbox"/>
right volt	✗	<input type="checkbox"/>

	not deviant	deviant
Cantering/Galloping on soft ground		
left volt	✗	<input type="checkbox"/>
right volt	✗	<input type="checkbox"/>

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:

	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 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

Number: MERUSO

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

STORED

FINAL CONCLUSION

Clinical in general A
Positive advice at the
day of the examination
IE 2020/JUNE/25

The examination was carried out and reported by
Mark Deuss, Veterinary surgeon at Kinrooi on:
(date) 25/JUNE/2020

(Signature and stamp)

Mark Deuss
Veterinary Surgeon
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