

Examination report

(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).

Number: E 115672

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

Signalment

Name: Michael S

Breed or type: KWPN

Studbook no: 528003201704330

Microchip number: 528210004525367

Pedigree: In Between * Boltzare

Age: 15-05-2017 Sex: male

Coat colour: bay Height at withers ± :

Markings

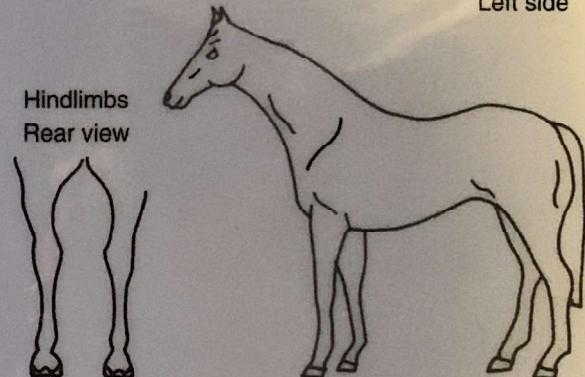
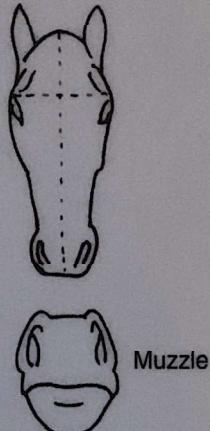
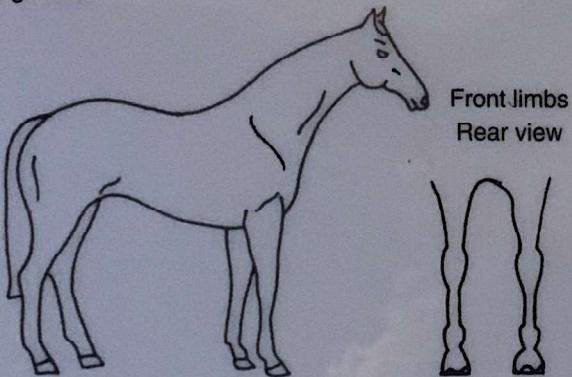
Head:

LF:

RF:

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

Veterinary practice Drs. L.B. Poorthuis

Drs. L.B. Poorthuis

dierenarts

Thijlana 6

7576 ZB OLDENZAAL

CONCLUSION:

"clinically and radiologically sound horse"

Thus examined and reported by me:

Drs. L.B. Poorthuis

veterinary surgeon in:

Thijlana 6
Oldenzaal

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

examination: 16-12-2020

Signature of examining veterinary surgeon:

Signature of Client:

General and clinical examination

	normal	abnormal
conformation and stance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
skin and coat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
mucous membranes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
lymph nodes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
eyes and eyelids	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Respiratory system		
respiration at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
type of respiration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
spontaneous coughing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
larynx sensitivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
respiration after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
abnormal sounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
laryngoscopy performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
laryngoscopy findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Circulatory system		
peripheral circulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
heart at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
heart after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Digest. system (ext. insp.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
mouth, teeth, tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urogen. system (ext. insp.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nervous system		
tail tone	<input checked="" type="checkbox"/>	<input type="checkbox"/>
correction reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspection, palpation and eventual percussion

	normal	abnormal
head	<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"/>
croup	<input checked="" type="checkbox"/>	<input type="checkbox"/>
left frontlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right frontlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
left hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hooves		
horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
hoof shape	<input checked="" type="checkbox"/>	<input type="checkbox"/>
shoeing		
type of shoeing		

even / uneven ___ higher than ___
no / front / front and hind

Walk, trot and canter

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

Flexion tests:

Forced flexion:

LF not sensitive / sensitive
RF not sensitive / sensitive
LH not sensitive / sensitive
RH not sensitive / sensitive

Trotting after 1 min. flexion:

LF	<input checked="" type="checkbox"/>	±	+	++
RF	<input checked="" type="checkbox"/>	±	+	++
LH	<input checked="" type="checkbox"/>	±	+	++
RH	<input checked="" type="checkbox"/>	±	+	++

Radiological examination performed: yes no

Number of X rays:

20 (00-10-20)

3 (16-12-20)

Assessment of radiographs:

Grading

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

3X rays of the back
perfect without any
comment

Other remarks: