

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 110991

Signalment

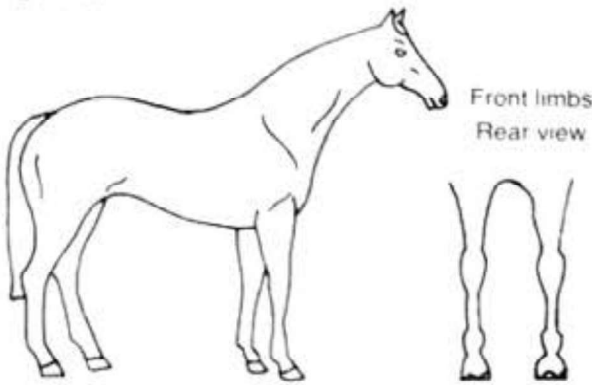
Name Milne
 Breed or type KWPN
 Studbook no 520003201704663
 Microchip number 520210021703171
 Pedigree Comme il faut x Lancerol
 Age 13 01-2017 Sex male
 Coat colour bay Height at withers :

Client is present at the exam (yes/no) 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

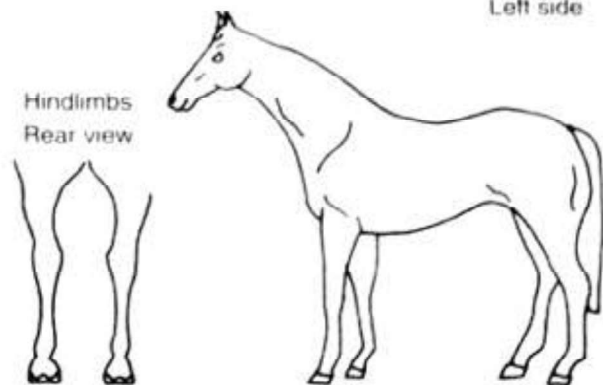
Markings

Head:
 LF:
 RF:
 Other:
 LH:
 RH:

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 **A.P. BOERSKOTTEN**
 Drs L.B. Poorthuis
 dierenarts
 Thijlaan 6
 7576 ZB OLDENZAAL

CONCLUSION:

"clinically and рентge-
 nally sound horse"

Thus examined and reported by me:

Drs LB Poorthuis

veterinary surgeon in:

Thijlaan 6
 Oldenzaal

This report can relate only to the appearance on the date of
 examination: 21-07-2020

Signature of Client

Signature of examining veterinary surgeon:

1. The examining veterinary surgeon acts as a veterinary practitioner on the date of the examination, as defined in the Royal Decree of 1980 (S. 10) and the Royal Decree of 1981 (S. 10). The examining veterinary surgeon is not a veterinarian in the sense of the Royal Decree of 1980 (S. 10) and the Royal Decree of 1981 (S. 10).
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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"/> no	<input type="checkbox"/> yes
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"/> no	<input type="checkbox"/> yes
laryngoscopy performed	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
laryngoscopy findings	<input checked="" type="checkbox"/>	<input checked="" 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.)		
mouth, teeth, tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urogen. system (ext. insp.)		
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"/> even	<input type="checkbox"/> uneven
shoeing	<input checked="" type="checkbox"/> no / front	<input type="checkbox"/> front and hind
type of shoeing		

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	Trotting after 1 min. flexion
LF not sensitive sensitive	LF <input checked="" type="checkbox"/> ± <input type="checkbox"/> + <input type="checkbox"/> ++
RF not sensitive sensitive	RF <input checked="" type="checkbox"/> ± <input type="checkbox"/> + <input type="checkbox"/> ++
LH not sensitive sensitive	LH <input checked="" type="checkbox"/> ± <input type="checkbox"/> + <input type="checkbox"/> ++
RH not sensitive sensitive	RH <input checked="" type="checkbox"/> ± <input type="checkbox"/> + <input type="checkbox"/> ++

Radiological examination performed: yes no
 Number of X rays: 22 (30.6.2022)

Assessment of radiographs:

	Grading	
Navicular bone	LF 1-2	RF 1-2
Fetlock joint	LF 1	RF 1
Sesamoid bones	LF 1	RF 1
Tarsal joint	LH 1	RH 1

	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

Other remarks