

Mark Deuss
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 and town: _____
Buyer Seller Owner: _____
Present Yes/No _____

Description

Race or Type: KWPN
Pedigree no.: 528 003 217 000 82
Age: 21 FEB 217
Sex: FEMALE
Shoulder height: _____
Level of training: SPORTS
Colour: RAY
Outline: _____

fr. STUDBOOKPAPERS

Microchip no.: 528 21 000 443 8902

General Examination

Build and posture good/deviant: _____
Feeding condition good/deviant: _____
Skin and hair good/deviant: _____
Pulse in condition of rest/possibly after labour: NO
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 corne operation: present/not present: _____

Further clinical examination

	not deviant	deviant
Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laryngoscopy if necessary	<input type="checkbox"/>	<input 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"/>

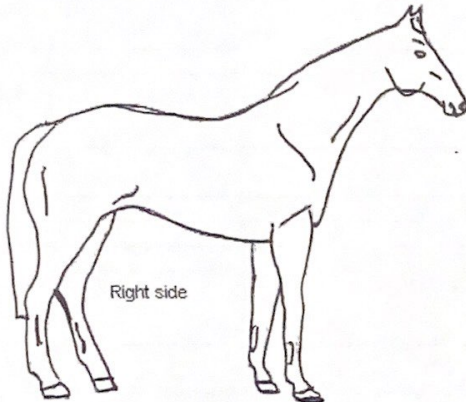
Motion system:

	not deviant	deviant
Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Palpation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>

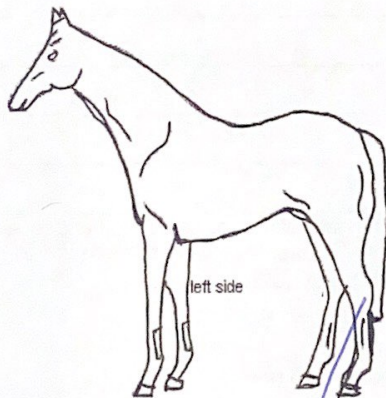
Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Withers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Back	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left forefoot	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right forefoot	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left hind leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Right hind leg	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Fronts hoofs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoof visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Ⓡ Swollen hock



Hind rear view



fore rear view

Swollen hock



Left

Right



Left

Right

not deviant deviant
Walking on hard ground

straight line ☒ ☐
 Left small volt ☒ ☐
 Right small volt ☒ ☐

Trotting on hard ground

straight line ☐
 left small volt ☒
 right small volt ☒

Trotting on soft ground

left volt ☒
 right volt ☒

Cantering/Galloping on soft ground

left volt ☒
 right volt ☒

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 - ☒ +/- +/- ++
 RF - ☒ +/- +/- ++
 LH - ☒ +/- +/- ++
 RH - ☒ +/- +/- ++
 L - ☒ +/- +/- ++
 R - ☒ +/- +/- ++

Hock:

Fixing the kneecap

L not possible / possible
 R not possible / possible

if necessary conductivity anaesthesia in consultation with the owner:

Results of the X-ray examination

	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: " MIVOTIE "

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

In CONSIGNATION

FINAL CONCLUSION

CLINICAL IN GENERAL A
POSITIVE ADVICE ON THE
DAY OF THE EXAMINATION
IE 22/ FEB 24

The examination was carried out and reported by
 Mark Deuss, Veterinary surgeon at Kinrooi on:
 (date) 24 FEB 22

(Signature and stamp)

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