

Mark Deuss
Veterinary Surgeon

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Examination Report

Examination for the purpose of purchase, sale insurance

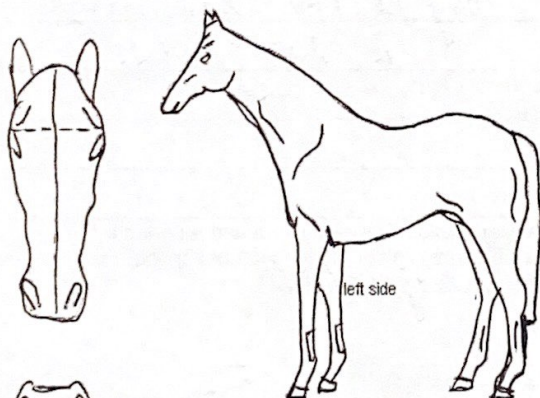
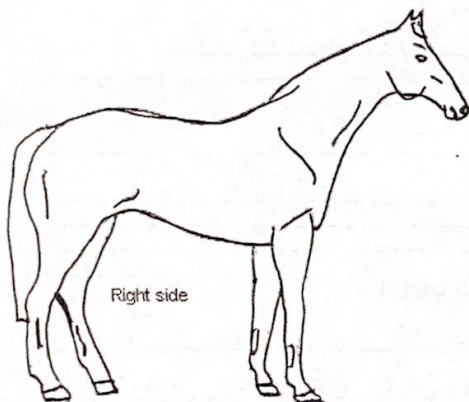
Company: _____
Horse/Pony is used for: SPORTS
Client: _____
Address: _____
Postal code ad town: _____
Buyer Seller Owner: _____
Present Yes/No _____

Description

Race or Type: WAPN
Pedigree no.: 52800321801642
Age: 13/1 April 2018
Sex: GELDING
Shoulder height: _____
Level of training: SPORTS
Colour: CHESTNUT
Outline: _____

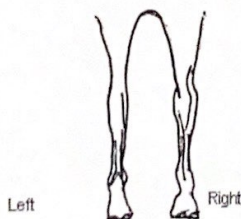
cfr. SOUND BOOK PAPERS

microchip nr.: 528210004875632



Hind rear view

fore rear view



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 checked="" 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:

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Right hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fronts hoofs

	equal	not equal
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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Necessary results of any other x-ray examinations

Number:

"NA Bucco 75"

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 22/25 JUNE 25

The examination was carried out and reported by
Mark Deuss, Veterinary surgeon at Kinrooi on:
(date) 25 JUNE 2022

(Signature and stamp)

Mark Deuss
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