

Mark Deuss  
 Veterinary Surgeon

Steyvershofstraat 37  
 3640 Kinrooi (B)  
 Tel. 0(031)6 537 537 01  
 mark.deuss@hotmail.com

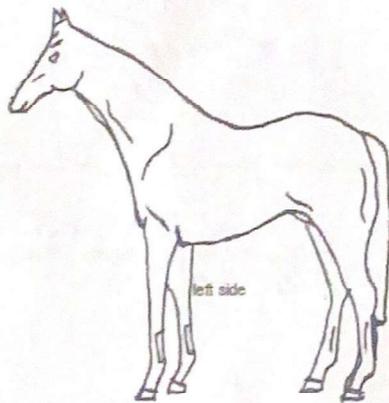
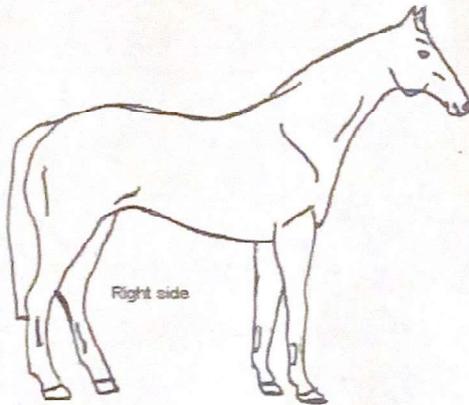
### Examination Report

"NAVAN"  
 (VANNAN)

**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 \_\_\_\_\_

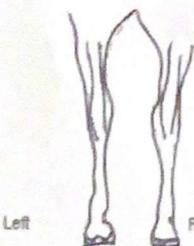
**Description**  
 Race or Type: KWPN  
 Pedigree no.: 528 003 2018 038 72  
 Age: 29 April 2018  
 Sex: Gelding  
 Shoulder height: \_\_\_\_\_  
 Level of training: Sports  
 Colour: Bay  
 Outline: \_\_\_\_\_

Jkr. stud book papers!  
microchip nr.: 52821004722588



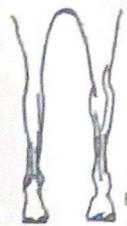
Hind rear view

fore rear view



Right

Left



Right

**General Examination**

Build and posture good/deviant  
 Feeding condition good/deviant  
 Skin and hair good/deviant  
 Pulse in condition of rest/possibly after labour: NS  
 Respiration in condition of rest/possibly after labour: NS  
 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"/>
<b>Motion system:</b>		
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	<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"/>

equal not equal

Walking on hard ground

straight line	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant
Left small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on hard ground

straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
left small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on soft ground

left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cantering/Galloping on soft ground

left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Bending tests  
Tightening of lower foot or leg

Left forefoot	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Right forefoot	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Left hind leg	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Right hind leg	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive

Trotting off after two minutes bending

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

Fixing the kneecap

L	<input type="checkbox"/> not possible	<input type="checkbox"/> possible
R	<input type="checkbox"/> not possible	<input type="checkbox"/> 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: NAVAN

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  
14/ july/ 2021

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on. (date) 14/ july/ 2021

(Signature and stamp)

Mark Deuss  
Veterinary Surgeon  
Sijberghofstraat 37  
3540 Kinrooi (B)  
Tel. 0031 6 537 537 01