

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 paard" issue 2007 as a guidance).

Number: E 115669

Signalment

Name: Navarro L
Breed or type: KWPN
Studbook no: 528003201801241
Microchip number: 528210004645614
Pedigree: CARRERAULE, Corland
Age: 15-04-2018 Sex: male
Coat colour: dark bay Height at withers ±: 1.62m

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 _____

Markings

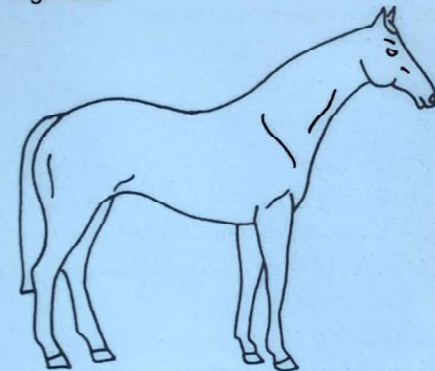
Head: _____

LF: _____ LH: _____

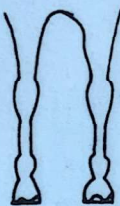
RF: _____ RH: _____

Other: _____

Right side



Front limbs
Rear view

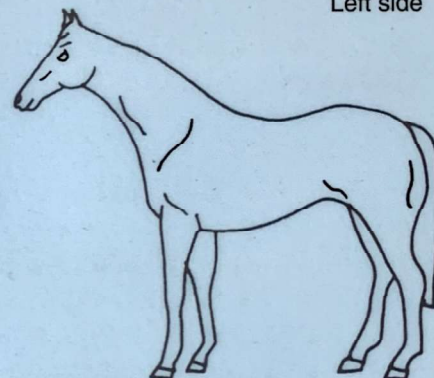


Muzzle

Hindlimbs
Rear view



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 **D.A. BOERSKOTTEN**

Drs. L.B. Poorthuis

dierenarts

Thijlaan 6

7576 ZB OLDENZAAL

CONCLUSION:

"clinically 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: 14-12-2020

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
type of shoeing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: _____

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

	-	+	Remarks
Fetlock joint	LF	<input checked="" type="checkbox"/>	
Fetlock joint	RF	<input checked="" type="checkbox"/>	
Stifle joint	LH	<input checked="" type="checkbox"/>	
Stifle joint	RH	<input checked="" type="checkbox"/>	
Tarsal joint	LH	<input checked="" type="checkbox"/>	
Tarsal joint	RH	<input checked="" type="checkbox"/>	
Fetlock joint	LH	<input checked="" type="checkbox"/>	
Fetlock joint	RH	<input checked="" type="checkbox"/>	

Radiological exam of other parts / extra findings:

Other remarks:
