

Mark Deuss
Veterinary Surgeon

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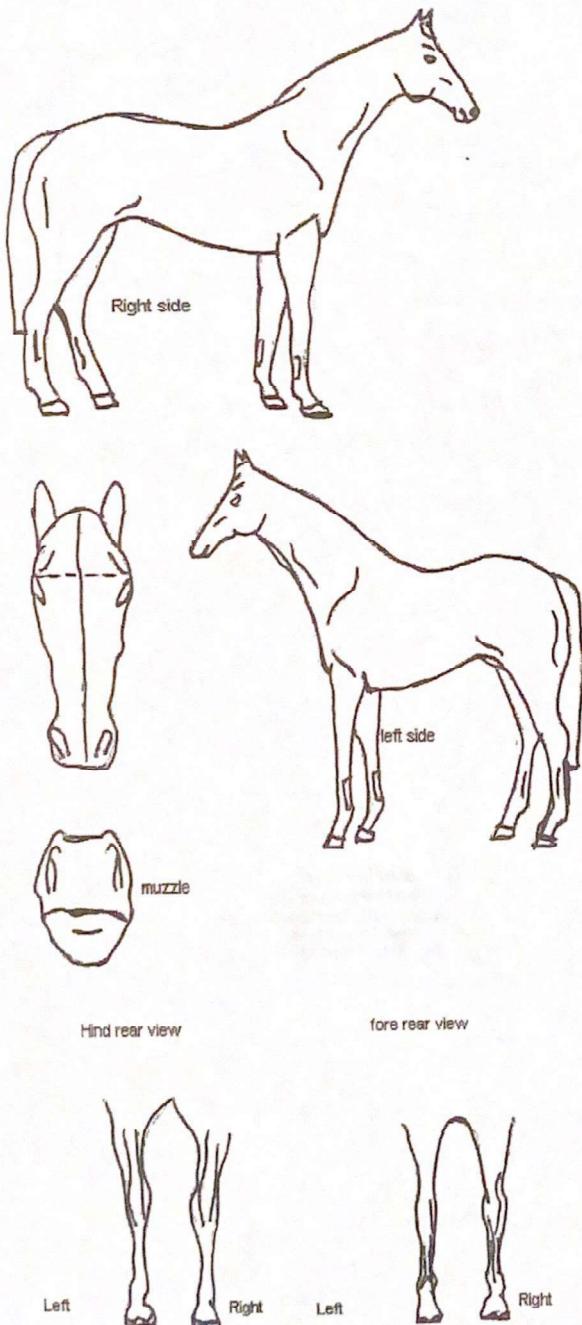
Examination for the purpose of purchase, sale insurance

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

Examination Report

"NEVADA TV"
(ELDORADO VAN DE ZESTHOUW)

Description
Race or Type: **KWPN**
Pedigree no.: **528 003208 01397**
Age: **281 March (2018) 0**
Sex: **GELDING**
Shoulder height: _____
Level of training: **SPORTS**
Colour: **RAY**
Outline: **g.v. STUDbouhpferd**
microchipnr: **528210004821766**



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 cornage operation: present/not present: _____

Further clinical examination

	not deviant	deviant
Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laringoscopy if necessary	<input type="checkbox"/>	<input checked="" 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 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	not deviant	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	not deviant	deviant
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	not deviant	deviant
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cantering/Gallopping on soft ground

left volt	not deviant	deviant
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Bending tests

Tightening of lower foot or leg

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

Trotting off after two minutes bending

LF	-	++	++	++
RF	-	++	++	++
LH	-	++	++	++
RH	-	++	++	++
L	-	++	++	++
R	-	++	++	++

Hock:

Fixing the kneecap

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

If necessary conductivity anaesthesia in consultation with the owner:

Results of the X-ray examination

	good	fair	bad
Navicular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Necessary results of any other x-ray examinations

Number: "NEVADA IV"

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 2021/APRIL/08

The examination was carried out and reported by
Mark Deuss, Veterinary surgeon at Kinrooi on:
(date) 03 April 2021

(Signature and stamp)

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