

Mark Deuss
 Veterinary Surgeon

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Examination Report

"NOACH VAN LANGE WEEREN"

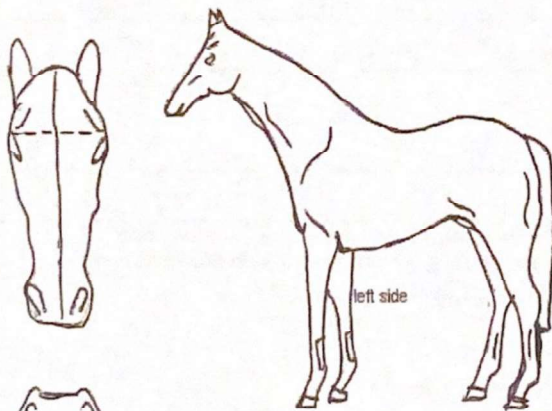
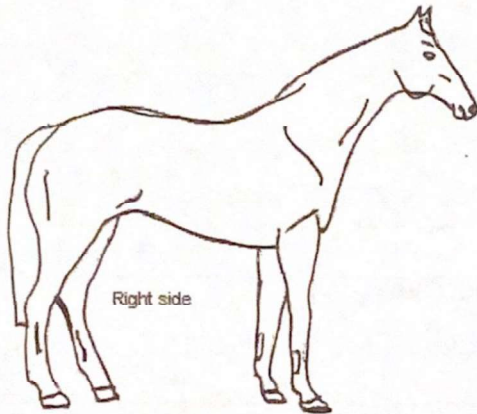
(HAMPSHIRE VDL)

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.: 523093208 06475
 Age: 29/ April / 2018
 Sex: BEELDING
 Shoulder height: _____
 Level of training: SPORTS
 Colour: RAY
 Outline: _____

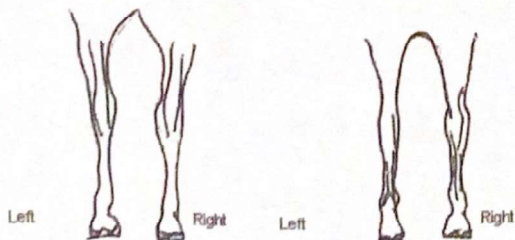
cf. studbookpapers!

microchipnr: 52310004273326



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 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"/>

	equal	not equal
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"/>

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

Number: "NOACH VAN LANGE WEEREN"

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
 POSITIV ADVICE ON THE DAY
 OF THE EXAMINATION
 IE 22/ APRIL 2021

if necessary conductivity anaesthesia in consultation with the owner:

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) 23/ APRIL 2021

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

(Signature and stamp)

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