

Examination report

Number: E127389

(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 het paard" issue 2007 as a guidance).

Client is present at the exam: ☒ yes / ☐ no

Client is: buyer / seller / other, namely owner

Level of training (according to client): _____

Proposed use (according to client): breeding / sport

Location where the exam takes place: clinic / other, namely _____

Signalment

Name: Oberlin

Breed or type: Dutch Sport Horse

Studbook no: 19.02974

Microchip number: 528210006096253

Pedigree: Quassimodo 2 x Calvados

Age: 14-05-2019 Sex: mare

Coat colour: Bay Height at withers ±: 1.70m

Markings

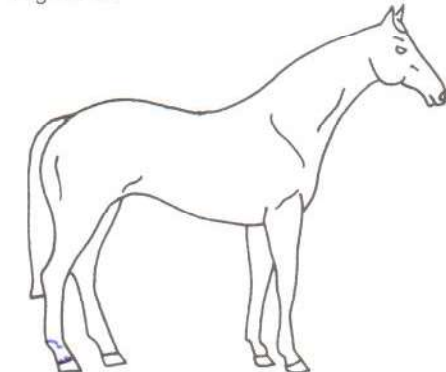
Head: irregular stripe on bridge of nose, snip

LF: _____ RH: wit fetlock, ermine marks

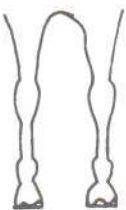
RF: _____

Other: coronet

Right side

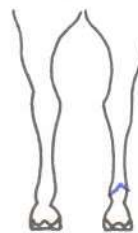


Front limbs
Rear view

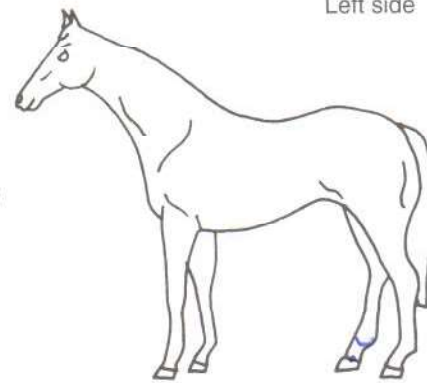


Muzzle

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 (stamp):



CONCLUSION:

No veterinary objections

Thus examined and reported by me:

Han Kingma, DVM
Bears

This report can relate only to the appearance on the date of examination: 28/11/2022

Signature of examining veterinary surgeon:

Han Kingma, DVM
Klijndijk/Bears
Tel. +31-591-513151 / www.artsendier.nl

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"/>

not performed

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"/>

even / uneven higher than
no / front / front and hind

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:	Trotting after 1 min. flexion:
LF not sensitive / sensitive	LF - <input checked="" type="checkbox"/> + <input checked="" type="checkbox"/> ++
RF not sensitive / sensitive	RF - <input checked="" type="checkbox"/> + <input checked="" type="checkbox"/> ++
LH not sensitive / sensitive	LH - <input checked="" type="checkbox"/> + <input checked="" type="checkbox"/> ++
RH not sensitive / sensitive	RH - <input checked="" type="checkbox"/> + <input checked="" type="checkbox"/> ++

Radiological examination performed: ☒ yes ☐ no

Number of X rays:

26 X-RAYS

Assessment of radiographs:

Grading

	LF	RF
Navicular bone	2	2
Fetlock joint	1	1
Sesamoid bones	2	2
Tarsal joint	1	1

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

Radiological exam of other parts / extra findings:

Both front legs small side bones,
for sport no problem.
LF small dip in distal
alignment of phalanx II, for
sport no problem.

Other remarks: