

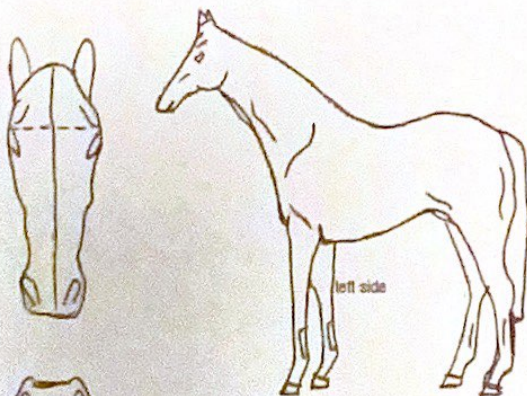
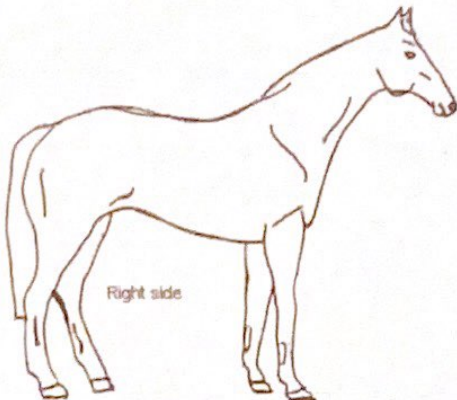
Mark Deuss
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Examination Report

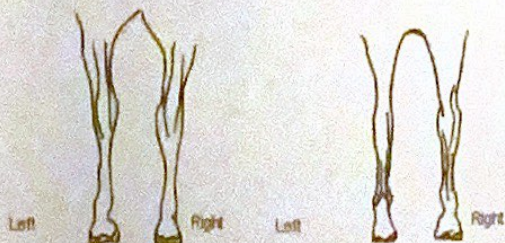
Examination for the purpose of purchase, sale insurance

Company: _____
Horse/Bony is used for: SPORT
Client: _____
Address: _____
Postal code and town: _____
Buyer Seller Owner: _____
Present Yes/No: _____



Hind rear view

fore rear view



Description

Race or Type: Unknown
Pedigree no.: 526 03 209 033 67
Age: 2/9/MAY/17
Sex: STALLION
Shoulder height: _____
Level of training: SPORT
Colour: GREY
Outline: J

for STUBB-PAPERS!
microchip 523210004886949

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 corneal operation: present/not present

Further clinical examination

	not deviant	deviant
Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laryngoscopy if necessary	<input checked="" 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:

	not deviant	deviant
Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Palpation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	not deviant	deviant
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: equal not equal
Horn quality: OK
Hoof percussion: OK
Hoof visitation: OK

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

If necessary conductivity anaesthesia in consultation with the owner

Results of the X-ray examination

	good	fair	bad
Navicular LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Necessary results of any other x-ray examinations

Number: "OBERLIX FS"

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
17 DEC 17

The examination was carried out and reported by
Mark Deuss, Veterinary surgeon at Kinrooi on
(date) 17 DEC 2021

(Signature and stamp)

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