

Mark Deuss
 Veterinary Surgeon

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Examination Report

"OLDENBURG"

Examination for the purpose of purchase, sale insurance

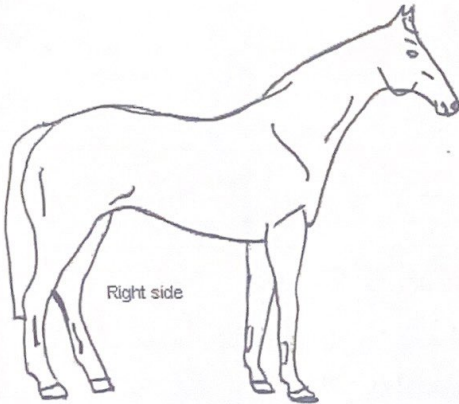
Company: _____
 Horse/Pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code ad town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

Description

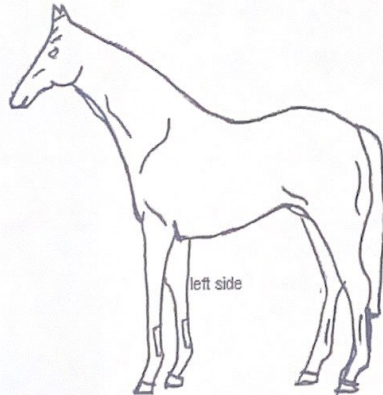
Race or Type: KWPN
 Pedigree no.: 528003219 04627
 Age: 07 May 2019
 Sex: gelding
 Shoulder height: _____
 Level of training: SPORTS
 Colour: bay
 Outline: _____

fr. studbookpapers!

microchipnr.: 528210-06020162



Right side



left side



muzzle

Hind rear view

fore rear view



Left

Right



Left

Right

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

Cantering/Galloping on soft ground

left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Bending tests
Tightening of lower foot or leg

Left forefoot	<u>not sensitive/sensitive</u>
Right forefoot	<u>not sensitive/sensitive</u>
Left hind leg	<u>not sensitive/sensitive</u>
Right hind leg	<u>not sensitive/sensitive</u>

Trotting off after two minutes bending

LF	<u>-</u>	<u>+</u>	<u>+</u>	<u>++</u>
RF	<u>-</u>	<u>+</u>	<u>+</u>	<u>++</u>
LH	<u>-</u>	<u>+</u>	<u>+</u>	<u>++</u>
RH	<u>-</u>	<u>+</u>	<u>+</u>	<u>++</u>
L	<u>-</u>	<u>+</u>	<u>+</u>	<u>++</u>
R	<u>-</u>	<u>+</u>	<u>+</u>	<u>++</u>

Hock:

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 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

Number: OLDENBURG

After the examination blood blood was taken to search for illegal practices.
If necessary laboratory results:

IN CONSIGNATION

FINAL CONCLUSION

CLINICAL IN GENERAL A POSITIVE ADVISE ON THE DAY OF THE EXAMINATION IE 22/APRIL/22

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) 22/April/2022

(Signature and stamp)

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