

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

Olympus

CARRERA VDL

### Description

Race or Type: KWPN  
Pedigree no.: S180032019 0103  
Age: 30 MARCH 2019  
Sex: GELDING  
Shoulder height: \_\_\_\_\_  
Level of training: SPORTS  
Colour: CHESTNUT  
Outline: \_\_\_\_\_  
gk studbook papers?  
Microchip nr.: 52826 006017183

### 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 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

Withers	<input type="checkbox"/>
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### Back

Groin	<input type="checkbox"/>
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### Left forefoot

Right forefoot	<input type="checkbox"/>
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### Left hind leg

Right hind leg	<input type="checkbox"/>
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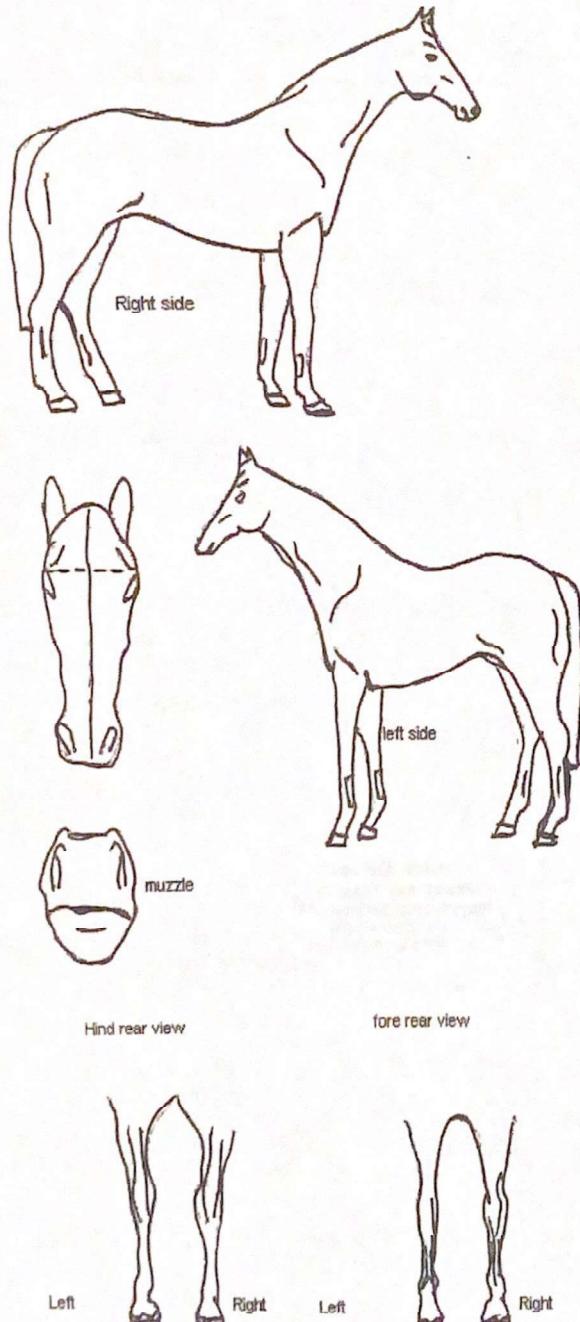
### Front hoofs

Horn quality	<input type="checkbox"/>
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### Hoof percussion

Hoof visitation	<input type="checkbox"/>
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equal/not equal



	not deviant	deviant
<b>Walking on hard ground</b>		
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"/>
<b>Trotting on hard ground</b>		
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"/>
<b>Trotting on soft ground</b>		
left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cantering/Galloping on soft ground</b>		
left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Bending tests</b>		
Tightening of lower foot or leg		
Left forefoot	<input checked="" type="checkbox"/> not sensitive / sensitive	
Right forefoot	<input checked="" type="checkbox"/> not sensitive / sensitive	
Left hind leg	<input checked="" type="checkbox"/> not sensitive / sensitive	
Right hind leg	<input checked="" type="checkbox"/> not sensitive / sensitive	
Trotting off after two minutes bending		
	LF -	± / + / ++
	RF -	± / + / ++
	LH -	± / + / ++
	RH -	± / + / ++
Hock:	L -	± / + / ++
	R -	± / + / ++
Fixing the kneecap		
L	not possible / possible	
R	not possible / possible	

If necessary conductivity anaesthesia in consultation with the owner.

	good	fair	bad
Navicular	LF <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-②
Navicular	RF <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-②
Fetlock	LF <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	RF <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-②
Fetlock	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	RH <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-②
Hock	L <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ①-2
Hock	R <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-②
Stifle	L <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
Stifle	R <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1

Necessary results of any other x-ray examinations

X-RAYS BACK: NO SIGNIFICANT ABNORMALITIES

X-RAYS NECK: NO SIGNIFICANT ABNORMALITIES

Number: Olympus

After the examination ~~blood/no blood~~ was taken to search for illegal practices.  
If necessary laboratory results:

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IN CONSIGNATION

#### FINAL CONCLUSION

Clinical in general A  
Positiv advice on the day  
of the examination ie  
21/ April/ 2021

X-RAYS DD: og /MARCH/2021

SEE ABOVE

The examination was carried out and reported by  
Mark Deuss, Veterinary surgeon at Kinrooi on:  
(date) 08/April/2021

DD 08/march/2021  
(HOOFDEN VAN GELDER)

(Signature and stamp)

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