

Mark Deuss
Veterinary Surgeon

Steyvershofstraat 37
3640 Kinrooi (B)
Tel. 0(031)6 537 537 01
mark.deuss@hotmail.com

Examination Report

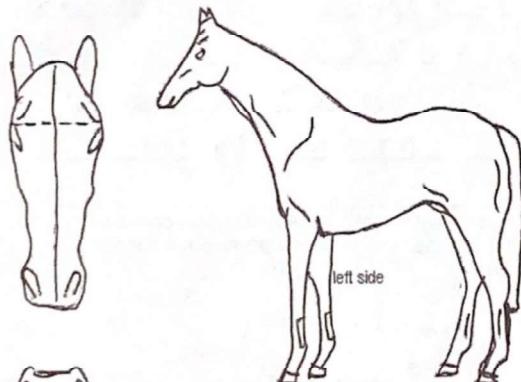
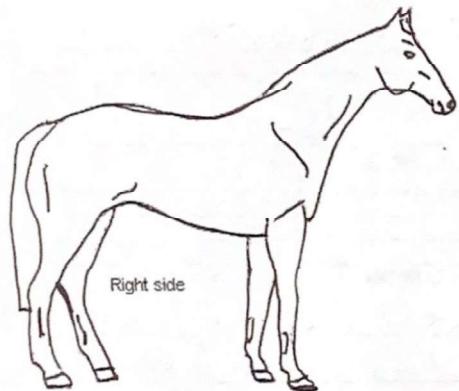
"ON THE MOVE"

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: _____

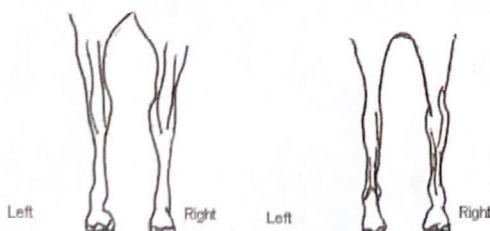
Description

Race or Type: KWPN
Pedigree no.: 528 603 209 08836
Age: refuly 2019
Sex: GELDING
Shoulder height: 165
Level of training: SPORS
Colour: BAY
Outline: jk studbook papers
Microchipnr: 52821000609293



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: AD
Respiration in condition of rest/possibly after labour: AD
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"/> | _____ |
| Laringoscopy if necessary | <input checked="" type="checkbox"/> | _____ |
| Circulation system | <input checked="" type="checkbox"/> | _____ |
| Digestion system | <input checked="" type="checkbox"/> | _____ |
| Urogenital system | <input checked="" type="checkbox"/> | _____ |
| Nervous system | <input checked="" type="checkbox"/> | _____ |

Motion system:

| | | |
|------------|-------------------------------------|-------|
| Inspection | <input checked="" type="checkbox"/> | _____ |
| Palpation | <input checked="" type="checkbox"/> | _____ |
| Percussion | <input checked="" type="checkbox"/> | _____ |

Neck

| | | |
|---------|-------------------------------------|-------|
| Withers | <input checked="" type="checkbox"/> | _____ |
|---------|-------------------------------------|-------|

Back

| | | |
|-------|-------------------------------------|-------|
| Groin | <input checked="" type="checkbox"/> | _____ |
|-------|-------------------------------------|-------|

Left forefoot

| | | |
|----------------|-------------------------------------|-------|
| Right forefoot | <input checked="" type="checkbox"/> | _____ |
|----------------|-------------------------------------|-------|

Left hind leg

| | | |
|----------------|-------------------------------------|-------|
| Right hind leg | <input checked="" type="checkbox"/> | _____ |
|----------------|-------------------------------------|-------|

Fronts hoofs

| | | |
|--------------|-------------------------------------|-------|
| Horn quality | <input checked="" type="checkbox"/> | _____ |
|--------------|-------------------------------------|-------|

Hoof percussion

| | | |
|-----------------|-------------------------------------|-------|
| Hoof visitation | <input checked="" type="checkbox"/> | _____ |
|-----------------|-------------------------------------|-------|

equal/not equal

| | |
|-------------------------------------|-------|
| <input checked="" type="checkbox"/> | _____ |
| <input checked="" type="checkbox"/> | _____ |
| <input checked="" type="checkbox"/> | _____ |

| | not deviant | deviant |
|---|-------------------------------------|-------------------------|
| Walking on hard ground | | |
| straight line | <input type="checkbox"/> | |
| Left small volt | <input checked="" type="checkbox"/> | |
| Right small volt | <input checked="" type="checkbox"/> | |
| Trotting on hard ground | | |
| straight line | <input type="checkbox"/> | |
| left small volt | <input checked="" type="checkbox"/> | |
| right small volt | <input checked="" type="checkbox"/> | |
| Trotting on soft ground | | |
| left volt | <input checked="" type="checkbox"/> | |
| right volt | <input type="checkbox"/> | |
| Cantering/Galloping on soft ground | | |
| left volt | <input checked="" type="checkbox"/> | |
| right volt | <input type="checkbox"/> | |
| Bending tests | | |
| 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 | <input checked="" type="checkbox"/> | ++ |
| RF | <input checked="" type="checkbox"/> | ++ |
| LH | <input checked="" type="checkbox"/> | ++ |
| RH | <input checked="" type="checkbox"/> | ++ |
| L | <input checked="" type="checkbox"/> | ++ |
| R | <input checked="" type="checkbox"/> | ++ |
| Hock: | | |
| Fixing the kneecap | | |
| L | <input type="checkbox"/> | not possible / possible |
| R | <input type="checkbox"/> | not possible / possible |

If necessary conductivity anaesthesia in consultation with the owner:

| | good | fair | bad |
|-----------|-------------------------------------|--------------------------|------------------------------|
| Navicular | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Navicular | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Fetlock | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Fetlock | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Fetlock | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Fetlock | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Hock | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Hock | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 2 |
| Stifle | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |
| Stifle | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1-2 |

Necessary results of any other x-ray examinations

Hock R: SMALL FRAGMENT DISTAL TALUS

X-RAYS BACK DD 09/12/22: NO SIGNIFICANT ABNORMALITIES

Number: **ON THE MOVE**

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

JN CONSIGNATION

FINAL CONCLUSION

**AFTER MY CLINICAL (AND
RADILOGICAL EVALUATION)
EXAMINATION: THIS HORSE
IS USEFUL FOR SPORTS ON THE
DAY OF THE EXAMINATION
DD 2022/12/09**

The examination was carried out and reported by
Mark Deuss, Veterinary surgeon at Kinrooi on:
(date) **10/12/2022**.

DD 09/12/22 (RÖNTGEN CENTRUM GESTELLEN)

(Signature and stamp)
Mark Deuss
Veterinary Surgeon
Steynshoofstraat 87
B-3640 Kinrooi (B)
Tel: 0321 5 557 587 01