

Mark Deuss
Veterinary Surgeon

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Examination Report

"OWANA VO WATERNOLEN"
(JE SUIS EQUUS TAME)

Examination for the purpose of purchase, sale insurance

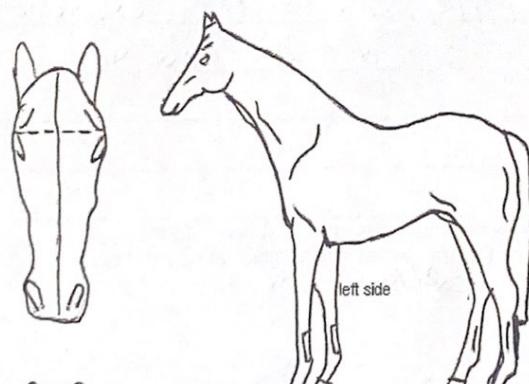
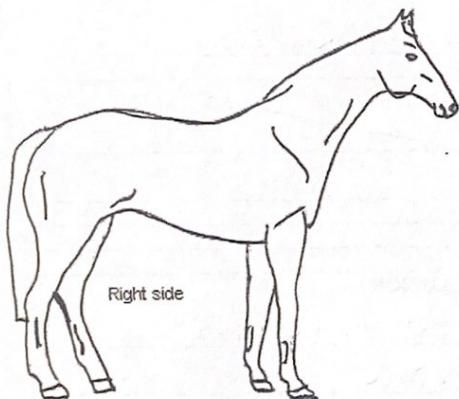
Company: _____
Horse/Pony is used for: SPORTS
Client: _____
Address: _____
Postal code ad town: _____
Buyer Seller Owner: _____
Present Yes/No: _____

Description

Race or Type: KWAN
Pedigree no.: 528003201907917
Age: 26/4/2019 GELDING
Sex: ♂
Shoulder height: 150 cm
Level of training: SPORTS
Colour: GREY
Outline: _____

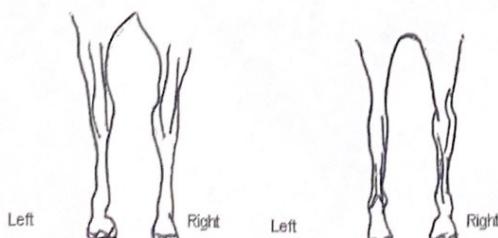
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Micr chip no.: S8711000 tag 5068



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:
Respiration in condition of rest/possibly after labour:
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 checked="" 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 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

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

	not deviant	deviant
Walking 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 hard ground	
straight line	<input checked="" 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 checked="" 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	

Hock:	<input checked="" type="checkbox"/> 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
Fixing the kneecap	<input checked="" type="checkbox"/> 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

L	not possible / possible
R	not possible / possible

If necessary conductivity anaesthesia in consultation with the owner

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

Necessary results of any other x-ray examinations

Number: ONANA VD WADERMOLEN

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
16/08/02

The examination was carried out and reported by
Mark Deuss, Veterinary surgeon at Kinrooi on:
(date) 02/AUG/02

(Signature and stamp)

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