

Mark Deuss
Veterinary Surgeon

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Examination Report

"OO F - BIRD"
(JACQUET-GO)

Examination for the purpose of purchase, sale insurance

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

Description

Race or Type: **KWPN**
Pedigree no.: **0905655**
Age: **2565/219**
Sex: **Gelding**
Shoulder height: **1**
Level of training: **SPORS**
Colour: **BAY**
Outline: 

of sound body papers

microchipnr.: 528210006004109

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 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"/>
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Back

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

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

Right hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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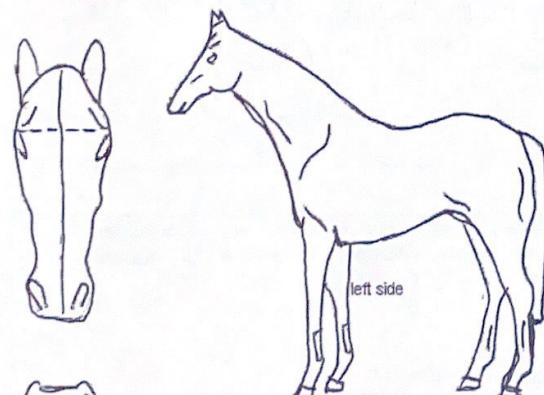
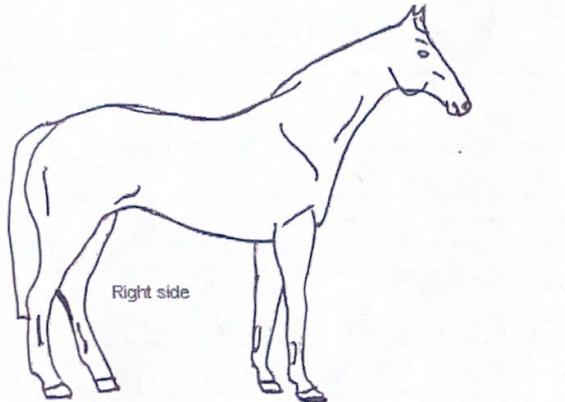
Fronts hoofs

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

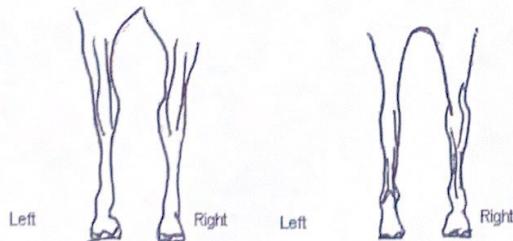
Hoof visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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equal not equal



Hind rear view

fore rear view



	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"/>	<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	<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	<table border="0"> <tr><td>LF</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>RF</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>LH</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>RH</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>L</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>R</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> </table>		LF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	L	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																							
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RH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																							
L	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																							
R	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Necessary results of any other x-ray examinations

Number: Oef - Bird

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

2022/MAY/13

The examination was carried out and reported by
Mark Deuss, Veterinary surgeon at Kinrooi on:
(date) 13/May/2022

(Signature and stamp)

Mark Deuss
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