

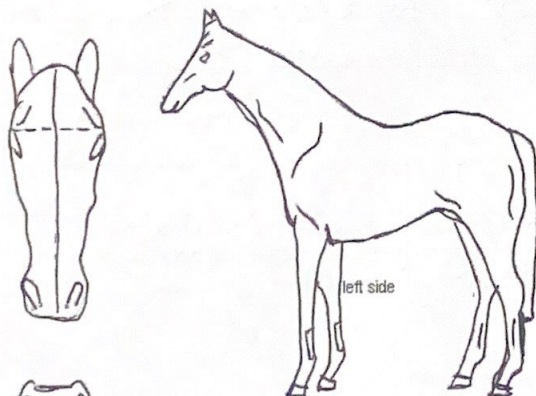
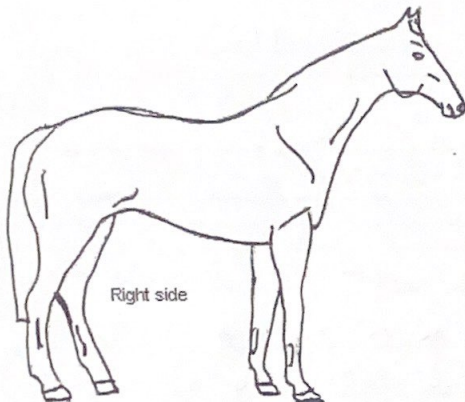
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Examination Report

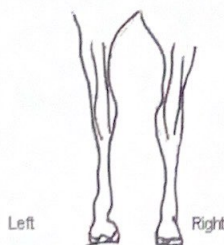
Examination for the purpose of purchase, sale insurance

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



Hind rear view

fore rear view



Right

Left



Description

Race or Type: hwpn
Pedigree no.: 528 003 2019 089 66
Age: 24/MAY/2019
Sex: BEELDING
Shoulder height: _____
Level of training: SPORTS
Colour: D. Bay
Outline: _____

for STUDBOOK PAPERS '5'

microchip no.: 52821000 4865970

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 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"/> |

| | equal | not equal |
|-----------------|-------------------------------------|--------------------------|
| 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"/> |

Walking on hard ground

straight line ☒ ☐
 Left small volt ☒ ☐
 Right small volt ☒ ☐

Trotting on hard ground

straight line ☒ ☐
 left small volt ☒ ☐
 right small volt ☒ ☐

Trotting on soft ground

left volt ☒ ☐
 right volt ☒ ☐

Cantering/Gallopping on soft ground

left volt ☒ ☐
 right volt ☒ ☐

Bending tests

Tightening of lower foot or leg

Left forefoot ☒ not sensitive/sensitive
 Right forefoot ☒ not sensitive/sensitive
 Left hind leg ☒ not sensitive/sensitive
 Right hind leg ☒ not sensitive/sensitive
 Trotting off after two minutes bending

LF ☒ +/- +/- ++
 RF ☒ +/- +/- ++
 LH ☒ +/- +/- ++
 RH ☒ +/- +/- ++
 L ☒ +/- +/- ++
 R ☒ +/- +/- ++

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 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Navicular RF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fetlock LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fetlock RF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fetlock LH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fetlock RH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hock L | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hock R | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stifle L | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stifle R | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Necessary results of any other x-ray examinations

Number: ORLANDO

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
IE 2022/JUNE/04

The examination was carried out and reported by
 Mark Deuss, Veterinary surgeon at Kinrooi on:
 (date) 04 JUNE 2022

(Signature and stamp)

Mark Deuss
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