

Mark Deuss
 Veterinary Surgeon

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Examination Report

"ORLANDO"
 (POKER DE MARIPOSA)

Examination for the purpose of purchase, sale insurance

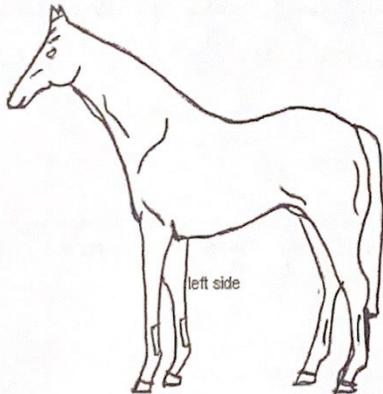
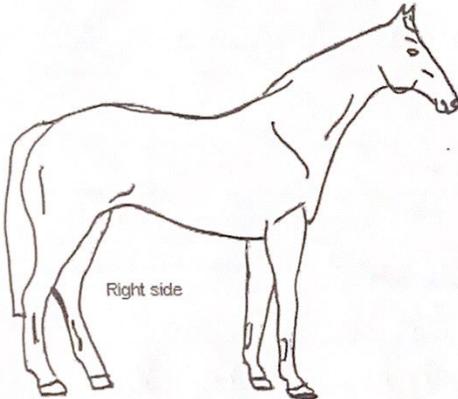
Company: _____
 Horse/Pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code ad town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

Description

Race or Type: AES
 Pedigree no.: 226002190 887011
 Age: 03/08/2019
 Sex: MALE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: GREY
 Outline: _____

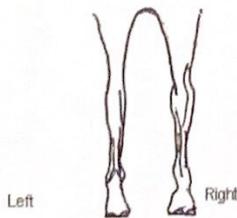
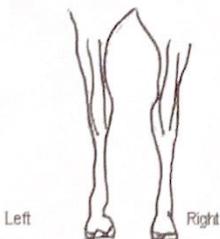
fr. STUD BOOK PAPERS

microchip nr.: 52820020001558



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: NS
 Respiration in condition of rest/possibly after labour: NS
 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 not deviant deviant

straight line
 Left small volt
 Right small volt

} HINDLEGS A BIT STIFF + MOTION TO THE OUTSIDE

Number: "ORLANDO"

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

Trotting on hard ground

straight line
 left small volt
 right small volt

} HINDLEGS A BIT STIFF + MOTION TO THE OUTSIDE

Trotting on soft ground

left volt
 right volt

} HINDLEGS A BIT STIFF + MOTION TO THE OUTSIDE

Cantering/Galloping on soft ground

left volt
 right volt

JN CONSIGNATION

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

FINAL CONCLUSION

CLINICAL IN GENERAL ACCEPTABLE ON THE DAY OF THE EXAMINATION
 ie 22/10/2011

if necessary conductivity anaesthesia in consultation with the owner:

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on:
 (date) 22/10/2011

Results of the X-ray examination

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

(Signature and stamp)

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Necessary results of any other x-ray examinations