

Mark Deuss
 Veterinary Surgeon

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

Examination Report

"OZZY-JJ"
 (VERDI)

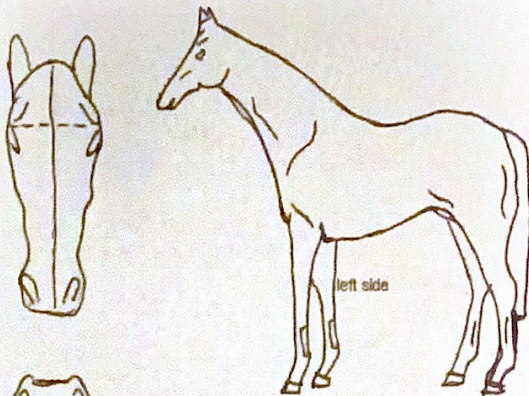
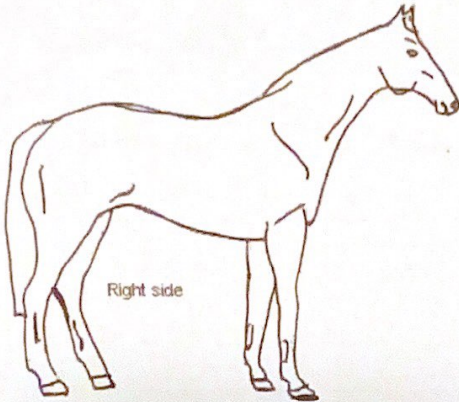
Examination for the purpose of purchase, sale insurance

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

Description

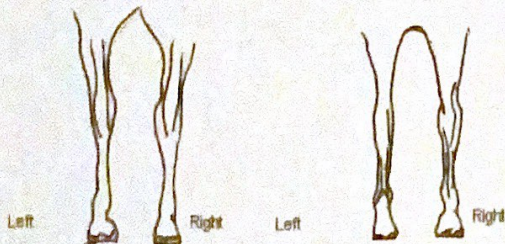
Race or Type: KWPN
 Pedigree no.: 528 003 2019 01335
 Age: 30/MARCH 2019
 Sex: STALLION
 Shoulder height: _____
 Level of training: SPORTS
 Colour: GREY
 Outline: _____

JR. STUBBOCHPAPERS 6
MICROCHIP NR.: 52821 006092922



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: 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"/>
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"/>

equal not equal

not deviant deviant

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/Galloping 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 +/- +/ ++

Hock L +/- +/ ++

Hock 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 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"/>

Necessary results of any other x-ray examinations

Number: 0224-11

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
22/DEC/17

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrool on (date) 17/DEC/21

(Signature and stamp)

Mark Deuss
Veterinary Surgeon
Blaayershofstraat 37
3640 Kinrool (B)
Tel. 0031 6 537 587 01