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## Examination Report

"PLATA R.G. Z"  
(PRESIDENT)

### 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: Z  
Pedigree no.: 056015Z55794317  
Age: 2017  
Sex: MALE  
Shoulder height: 1  
Level of training: sports  
Colour: Bay  
Outline:

AK studbook papers 6

Nicoochijzer 528210004646778

### 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

Respiratory system    
Laringoscopy if necessary    
Circulation system    
Digestion system    
Urogenital system    
Nervous system

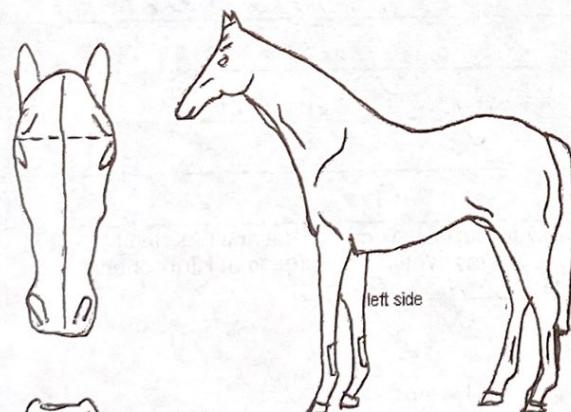
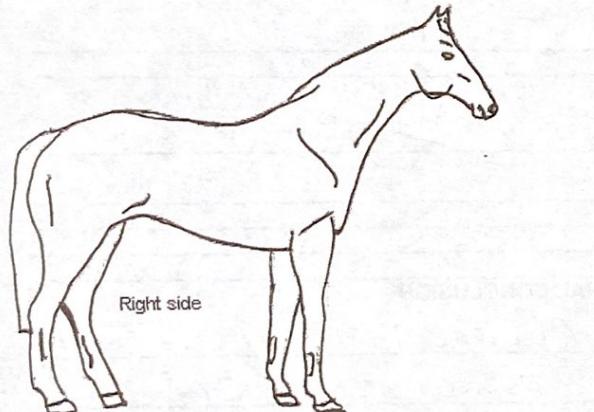
### Motion system:

Inspection    
Palpation    
Percussion

Neck    
Withers    
Back    
Groin    
Left forefoot    
Right forefoot    
Left hind leg    
Right hind leg

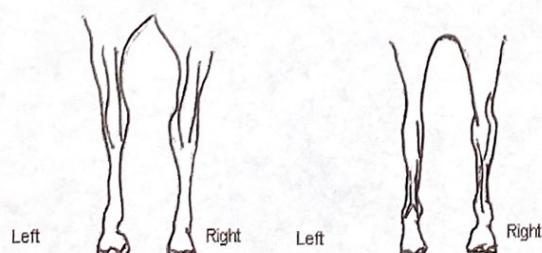
Fronts hoofs equal not equal

Horn quality    
Hoof percussion    
Hoof visitation



Hind rear view

fore rear view



	not deviant	deviant
<b>Walking on hard ground</b>		
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"/>
<b>Trotting on hard ground</b>		
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"/>
<b>Trotting on soft ground</b>		
left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cantering/Galloping on soft ground</b>		
left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Bending tests</b>		
Tightening of lower foot or leg		
Left forefoot	<del>not sensitive/sensitive</del>	
Right forefoot	<del>not sensitive/sensitive</del>	
Left hind leg	<del>not sensitive/sensitive</del>	
Right hind leg	<del>not sensitive/sensitive</del>	
Trotting off after two minutes bending		
LF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
L	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
R	<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:

X-RAYS D.D. 09/01/2019

**Results of the X-ray examination**

	good	fair	bad
Navicular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Navicular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-(2)
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-(2)
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Hock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2
Hock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-(2)
Stifle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Stifle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1

Necessary results of any other x-ray examinations

Number: PLATA R.G. Z

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

STORED

**FINAL CONCLUSION**

Clinical in general a position

Advice at the day of

The examination

2020/Jan/24

X-rays: SEE ABOVE

The examination was carried out and reported by  
Mark Deuss, Veterinary surgeon at Kinrooi on:  
(date) 24/Jan/2020

(Signature and stamp)

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