

# PREPURCHASE EXAMINATION REPORT

*The contents of this report are privileged and confidential and prepared solely for the use of the stated purchaser. This report is valid at the time of issue only.*



**Dr. PIERLUIGI CAPODAGLI**  
 Medico Veterinario  
 Via Matteotti, 30 - 40066 PIEVE D'ALBA (CN) - ITALY  
 Telef. 0333.6035260 - 051.68.61.27  
 Cod. Fisc. CPD PLG 57M14 H721W  
 Partita IVA 01619211202  
 Iscr. ALBO N. 1193 BO

Practice: \_\_\_\_\_

Dr. \_\_\_\_\_

**IDENTIFICATION OF ANIMAL:** MERCEDES IP : 528210009796966

Horse presented as: PROCESSIONE H2

Passport number: 826002180883598

Breed: NETHERLANDS

Colour: BOY

Sex: MALE

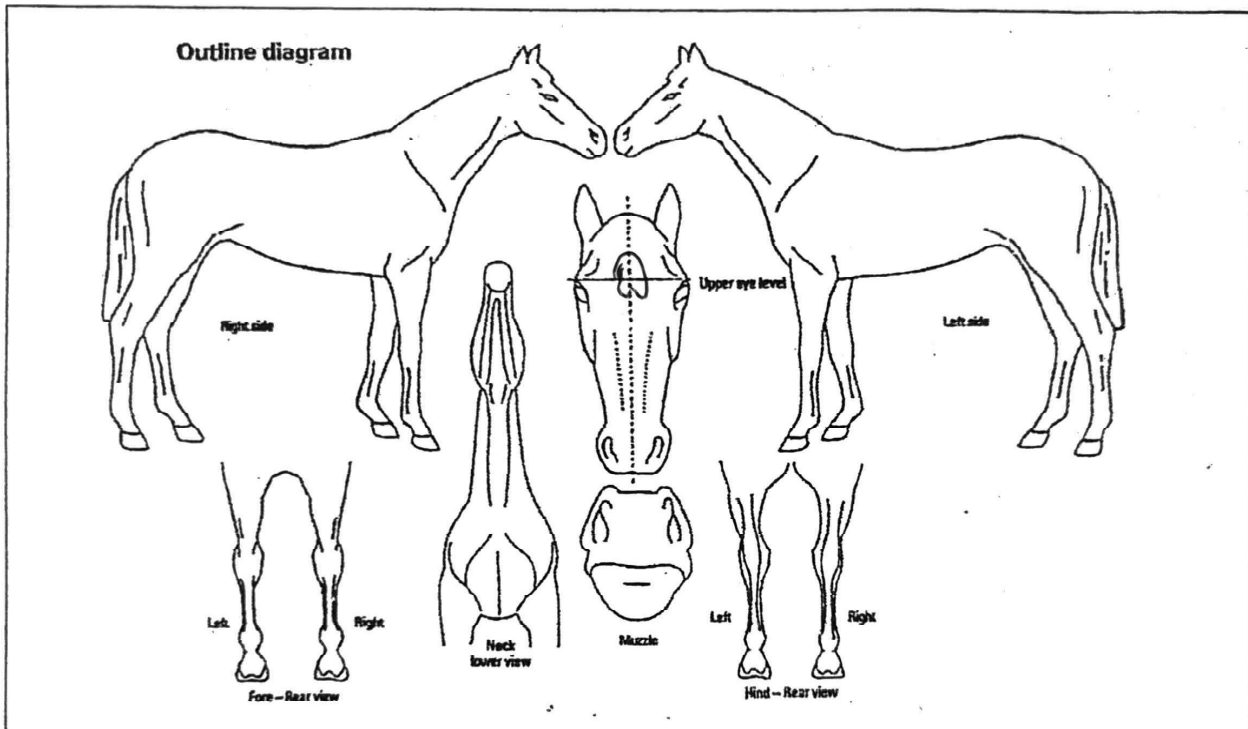
Stated age: 27/01/2018

Draw markings and brands.

Mark whorls as \*

Mark scars with →

Mark prophets thumb as ▲



**PURCHASER'S REQUEST:**

I undertake to use this information solely in the pre-purchase evaluation of this horse, and will not divulge this information to any third party, or for any other purpose.

I accept responsibility for payment of veterinary fees associated with this examination.

Signed: \_\_\_\_\_

(Purchaser/agent)

Date: \_\_\_\_\_

**VENDOR'S STATEMENT:**

Vendor's/Agent's name:

Phone number:

How long have you been acquainted with this horse?

Do you have any knowledge of the following, past or present?

	Yes	No		Yes	No
1. Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Lameness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Accidents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Vices	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Any abnormalities of wind or breathing				<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Medication within the last 45 days (exclude routine deworming)				<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes to any of the above, specify details:

For what purpose do you understand the horse is being assessed?

Do you have an opinion as to the horse's suitability for this purpose?

If yes, please state:

**DECLARATION:**

I consent to a veterinary examination on the above horse by: \_\_\_\_\_ Veterinary Clinic/Hospital  
as part of a pre-sale assessment on behalf of:

I understand that this examination may include (strike out if not applicable):

Physical examination

Blood/urine collection and testing

X-rays

Upper airway endoscopy

Internal examination by ultra-sound or palpation

Other examinations as discussed

I understand that each examination carries a finite risk. I will arrange transportation at my risk to a suitable examination facility if required. I accept that information gained in the course of this examination is the property of the person commissioning the examination.

Signed:

Date:

*[Signature]*  
26/11/22

**STAGE 1 -PRELIMINARY EXAMINATION** (Tick if normal; Note abnormalities)

Body condition:  Overweight  Good  Lean  Poor Temperature: \_\_\_\_\_

Stance, attitude and demeanour: \_\_\_\_\_

**HEAD:**

Ears:  NAD

Eyes:  NAD Symmetry/reflexes/lids/mucous membrane/nictitans/cornea/nasolacrimal ophthalmoscopic exam

Nose:  NAD Symmetry/airflow/discharge

Gums:  NAD Mucous membrane

Mandible:  NAD Symmetry

Sinuses:  NAD Symmetry/percussion

**TEETH:** Estimated age: \_\_\_\_\_

Wolf teeth  Yes  No Incisors  NAD

Molars  NAD Hooks rostral/caudal; wave/step/wry mouth; sharp edges

**INTEGUMENT:**

Surgical scar:  NAD Laryngoplasty/ventriculectomy/laparotomy/neurectomy/pateilar desmotomy/other

Acquired scars: \_\_\_\_\_

Sarcoids:  No  Yes Location: \_\_\_\_\_

Melanomata:  No  Yes Location: \_\_\_\_\_

Pruritis evidence:  No  Yes Location: \_\_\_\_\_

Other: \_\_\_\_\_

**CARDIOVASCULAR SYSTEM:**

Heart rate: \_\_\_\_\_ Auscultation left:  NAD

Pulse: \_\_\_\_\_ Auscultation right:  NAD

**RESPIRATORY SYSTEM:**

Spontaneous cough:  No  Yes Cough reflex:  No  Yes

Palpation of larynx & trachea:  NAD

Auscultation of thorax:  NAD

**UROGENITAL SYSTEM:**

Female: External genitalia:  NAD

Speculum:  NAD  Not examined

Rectal:  NAD  Not examined

Male: Penis:  NAD  Not Examined

Scrotum:  NAD  Absent

Testes:  NAD  Absent

**NERVOUS SYSTEM:**

Slap reflex:  No  Yes Gait:  NAD Ataxia/pareses/proprioception

Other: \_\_\_\_\_

LF NORMAL

RF NORMAL

LH NORMAL

RH NORMAL

HINDQUARTERS NORMAL

Symmetrically muscled:  Yes  No

Symmetrical tubera sacrale:  Yes  No

**MUSCULOSKELETAL SYSTEM:**

LF NORMAL

RF NORMAL

LH NORMAL

RH NORMAL

BACK NORMAL

**FOOT EXAMINATION:**

	LF		RF		LH		RH	
	Yes	No	Yes	No	Yes	No	Yes	No
Shod		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Boxy/upright foot:		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Flat/dropped sole:		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Flat/collapsed heel:		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Sheared heel:		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Hoof crack/distortion		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Coronet lesion		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Heel bulb sensation		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Hoof testers:	_____		_____		_____		_____	
Frog and sole:	_____		_____		_____		_____	
Horn quality:	_____		_____		_____		_____	
Foot pastern axis:	_____		_____		_____		_____	
Symmetry:	_____		_____		_____		_____	
Trimming and shoeing:	_____		_____		_____		_____	

General Comments:

THIS HORSE HAS NO DISQUALIFYING ABNORMALITIES

**STAGE 2- TROTting UP**

Walk  NAD  
Trot  NAD  
Circle  NAD  
Reverse  NAD  
Tight spin  NAD

**FLEXION TEST:**

LF  Negative  Positive  
RF  Negative  Positive  
LH  Negative  Positive  
RH  Negative  Positive

LUNGED ON SOFT  No  Yes Left rein *ADVERSE*  
Right rein *NORMAL*  
LUNGED ON HARD  No  Yes Left rein *NORMAL*  
Right rein *NORMAL*

**STAGE 3 - STRENUOUS EXERCISE**

Ridden/Lunged State going:

Walk

Trot

Canter

Gallop

Respiratory noise  No  Yes  Inspiratory  
 Expiratory

Nasal discharge  No  Yes

Cough  No  Yes

Post exercise heart rate: \_\_\_\_\_ Auscultation (heart and lungs):  NAD

Recovery heart rate: \_\_\_\_\_

**STAGE 4 - REST**

Observations

Crib biting:  No  Yes Weaving:  No  Yes

Other:

**5 - SECOND TROT AND FOOT EXAMINATION**

Walk  NAD  
 Trot  NAD  
 Circle  NAD

Lunged on firm surface:  Yes  No

**FLEXION TEST:**

LF  Negative  Positive  
 RF  Negative  Positive  
 LH  Negative  Positive  
 RH  Negative  Positive

**SPECIAL PROCEDURES:**

	Discussed	Advised	Performed
Endoscopy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiography:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasonography:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECG:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rectal exam:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory(blood/urine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug screening(blood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

See attached reports for results of special examinations

**NOTES OF WARRANTY:**

The veterinarian makes no determination and expresses no opinion as to the suitability of the animal for the purpose intended. If the buyer wishes warranty covering such matters as height, freedom from vices, temperament, the non-administration of drugs prior to the examination, or the animal's existing performance he or she is advised to seek warranty in writing from the seller, as these matters between buyer and seller are not the responsibility of the examining veterinarian.

**LIMITATIONS AND DIFFICULTIES ENCOUNTERED:** (weather, facilities, handler, temperament, etc)

**RECORD OF DISCUSSION:**

In person  Telephone Date  Time

**CERTIFICATE ISSUED:**

Date: 26/11/2022

**Dr. PIERLUIGI CAPODAGLI**  
 Medico Veterinario  
 Via Matteotti, 30 - 40086 PIEVE DI CENTO (BO)  
 Telef. 0333.6035260 - 051.68.61.279  
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 Partita IVA 01619211202

Veterinarian:

*[Handwritten Signature]*  
 Signed

**SPECIALISED TECHNIQUES:**

**RADIOGRAPHY:**

AREA EXAMINED	VIEWS TAKEN	COMMENT
LF FOOT	LM, DPr-PaDiO, PaPr-PaDiO	ABNORMALITIES THAT MIGHT COMPROMISE SPORTS ACTIVITY ARE ABSENT
RF FOOT	LM, DPr-PaDiO, PaPr-PaDiO	/
LF Mc/P JOINT	LM, DL-PaMO, DM-PaLO, Dpa	/
RF Mc/P JOINT	LM, DL-PaMO, DM-PaLO, DPa	/
LH Mt/P JOINT	LM, DL-PaMO, DM-PaLO, DPa	/
RH Mt/P JOINT	LM, DL-PaMO, DM-PaLO, Dpa	/
L CARPUS	LM, DL-PaMO, DM-PaLO, DPa, FlexLat	/
R CARPUS	LM, DL-PaMO, DM-PaLO, DPa, FlexLat	/
L HOCK	LM, DL-PiMO, PiL-DMO, DPI	/
R HOCK	LM, DL-PiMO, PiL-DMO, DPI	/
L STIFLE	LMO	/
R STIFLE	LMO	/
OTHER		

**ENDOSCOPY OF UPPER RESPIRATORY TRACT:**

Comments:

**OTHER SPECIAL TECHNIQUES:**

Drug screen - blood:

Other: