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## Examination Report

"REALGAR VAN DE TIP"

### 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: BWP

Pedigree no.: PS6-002-W00317 281

Age: 28/05/2017

Sex: MALE

Shoulder height: /

Level of training: SPORTS

Colour: BAY

Outline:

je studbookpapier!

microchipno.: 98910000 4365638

### 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

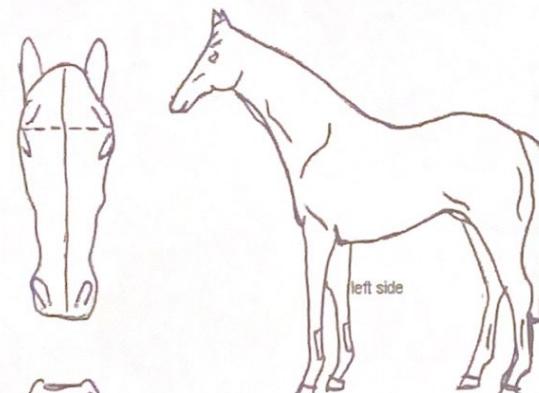
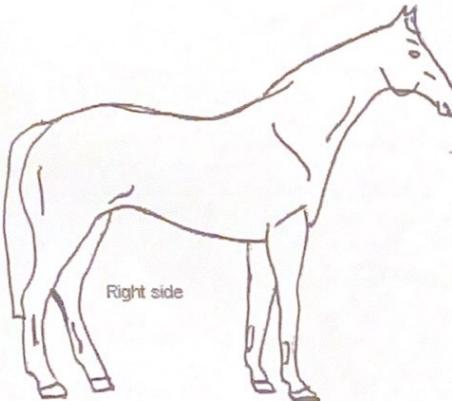
Fronts hoofs

Horn quality

Hoof percussion

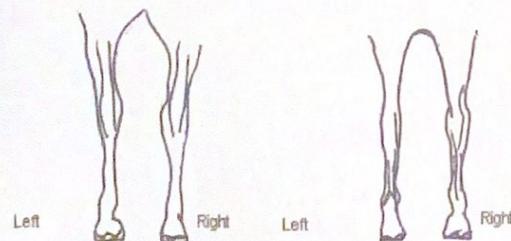
Hoof visitation

equal not equal



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	<input checked="" type="checkbox"/> not sensitive / sensitive			
Right forefoot	<input checked="" type="checkbox"/> not sensitive / sensitive			
Left hind leg	<input checked="" type="checkbox"/> not sensitive / sensitive			
Right hind leg	<input checked="" type="checkbox"/> not sensitive / sensitive			
Trotting off after two minutes bending				
	LF -	<input checked="" type="checkbox"/> ±	<input checked="" type="checkbox"/> +	<input checked="" type="checkbox"/> ++
	RF -	<input checked="" type="checkbox"/> ±	<input checked="" type="checkbox"/> +	<input checked="" type="checkbox"/> ++
	LH -	<input checked="" type="checkbox"/> ±	<input checked="" type="checkbox"/> +	<input checked="" type="checkbox"/> ++
	RH -	<input checked="" type="checkbox"/> ±	<input checked="" type="checkbox"/> +	<input checked="" type="checkbox"/> ++
	L -	<input checked="" type="checkbox"/> ±	<input checked="" type="checkbox"/> +	<input checked="" type="checkbox"/> ++
Hock:	R -	<input checked="" type="checkbox"/> ±	<input checked="" type="checkbox"/> +	<input checked="" type="checkbox"/> ++
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Necessary results of any other x-ray examinations

Number: REALGAR VAN DER Vlip

After the examination blood was taken to search for illegal practices.  
If necessary laboratory results:

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IN CONSIGNATION

#### FINAL CONCLUSION

CLINICAL IN GENERAL A  
POSITIVE ADVICE ON THE  
DAY OF THE EXAMINATION  
i.e 17/09/2021

The examination was carried out and reported by  
Mark Deuss, Veterinary surgeon at Kinrooij on:  
(date) 17/09/2021

(Signature and stamp)

  
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