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## Examination Report

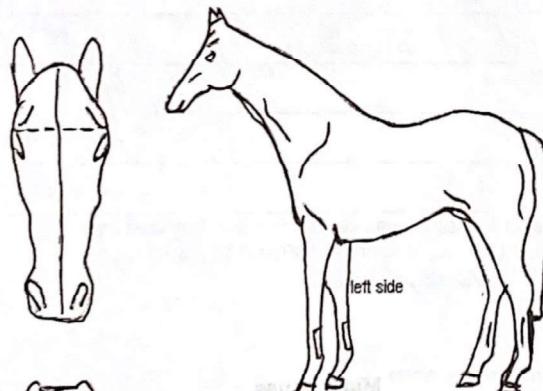
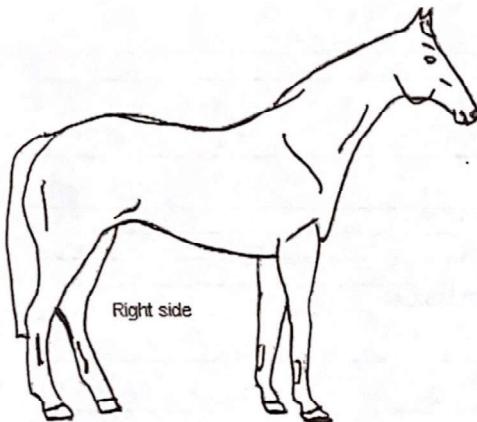
"RIGHT ON TIME DE MUZE"  
(Gino H)

### 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: \_\_\_\_\_

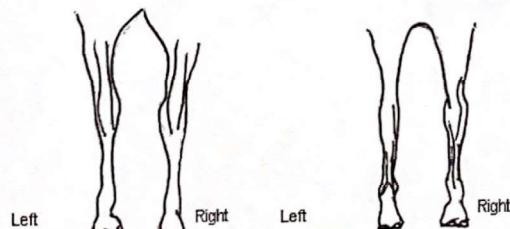
### Description

Race or Type: BWP  
Pedigree no.: 056-002-W00319216  
Age: 11667207  
Sex: GELDING  
Shoulder height: \_\_\_\_\_  
Level of training: SPORTS  
Colour: D.BAY  
Outline: Chestnut  
scr. studbook papers?  
microchip: g27000034261



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: 100  
Respiration in condition of rest/possibly after labour: 100  
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	deviant
Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laringoscopy if necessary	<input type="checkbox"/>	<input checked="" 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
<b>Walking on hard ground</b>		
straight line	<input type="checkbox"/>	
Left small volt	<input checked="" type="checkbox"/>	
Right small volt	<input checked="" type="checkbox"/>	
<b>Trotting on hard ground</b>		
straight line	<input type="checkbox"/>	
left small volt	<input checked="" type="checkbox"/>	
right small volt	<input checked="" type="checkbox"/>	
<b>Trotting on soft ground</b>		
left volt	<input checked="" type="checkbox"/>	
right volt	<input checked="" type="checkbox"/>	
<b>Cantering/Galloping on soft ground</b>		
left volt	<input checked="" type="checkbox"/>	
right volt	<input checked="" type="checkbox"/>	

#### Bending tests

Tightening of lower foot or leg

Left forefoot	<input type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Right forefoot	<input type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Left hind leg	<input type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Right hind leg	<input type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
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	<input type="checkbox"/> not possible	<input type="checkbox"/> possible
R	<input type="checkbox"/> not possible	<input type="checkbox"/> 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: "LIGHT ON TIME DE MUZE"

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

JN CONSULTATION

#### FINAL CONCLUSION

Clinical in GENERAL A  
POSITIVE ADVICE ON THE  
DAY OF THE EXAMINATION  
IE 06/09/2021

The examination was carried out and reported by  
Mark Deuss, Veterinary surgeon at Kinrooi on:  
(date) 06/09/2021

(Signature and stamp) *Mark Deuss*  
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