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## Examination Report

"SA Lou"  
(BISCUET BALOU)

### 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.: OS6-002-W00319683

Age: 31 MARCH 2018

Sex: FEMALE

Shoulder height: 1

Level of training: SPORTS

Colour: Bay

Outline:

sf. sm. Bush papers!

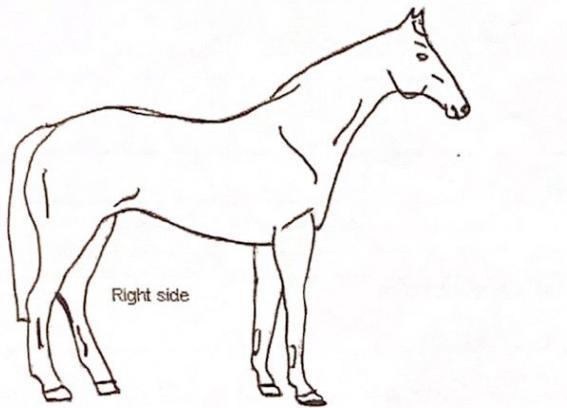
Microchip nr. → g67000010045714

### General Examination

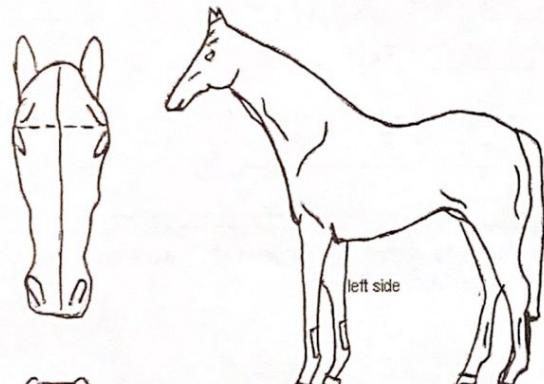
Build and posture	good/deviant:
Feeding condition	good/deviant:
Skin and hair	good/deviant:
Pulse in condition of rest/possibly after labour:	NO
Respiration in condition of rest/possibly after labour:	NO
Type of respiration	normal/deviant:
Mucous membranes	normal/deviant:
Lymph glands	normal/deviant:
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	deviant
Respiratory system	✓	<input type="checkbox"/>
Laringoscopy if necessary	<input type="checkbox"/>	—
Circulation system	✗	<input type="checkbox"/>
Digestion system	✓	<input type="checkbox"/>
Urogenital system	✓	<input type="checkbox"/>
Nervous system	✓	<input type="checkbox"/>
Motion system:		
Inspection	✓	<input type="checkbox"/>
Palpation	✓	<input type="checkbox"/>
Percussion	✓	<input type="checkbox"/>
Neck	✓	<input type="checkbox"/>
Withers	✗	<input type="checkbox"/>
Back	✓	<input type="checkbox"/>
Groin	✓	<input type="checkbox"/>
Left forefoot	✓	<input type="checkbox"/>
Right forefoot	✓	<input type="checkbox"/>
Left hind leg	✓	<input type="checkbox"/>
Right hind leg	✓	<input type="checkbox"/>
Fronts hoofs		
Horn quality	✓	<input type="checkbox"/>
Hoof percussion	✓	<input type="checkbox"/>
Hoof visitation	✓	<input type="checkbox"/>
equal	not equal	



Right side



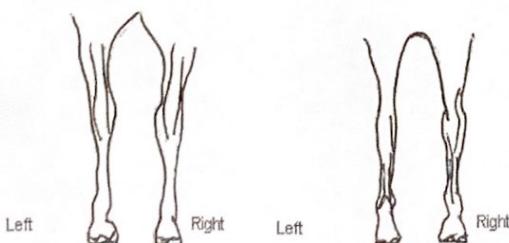
left side



muzzle

Hind rear view

fore rear view



Left

Right

Left

Right

	not deviant	deviant
<b>Walking on hard ground</b>		
straight line	☒	<input type="checkbox"/>
Left small volt	☒	<input type="checkbox"/>
Right small volt	☒	<input type="checkbox"/>

<b>Trotting on hard ground</b>	
straight line	☒
left small volt	☒
right small volt	☒

<b>Trotting on soft ground</b>	
left volt	☒
right volt	☒

<b>Cantering/Galloping on soft ground</b>	
left volt	☒
right volt	☒

<b>Bending tests</b>	
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	

Hock:	LF - / ± / + / ++
	RF - / ± / + / ++
	LH - / ± / + / ++
	RH - / ± / + / ++
	L - / ± / + / ++
	R - / ± / + / ++

Fixing the kneecap	
L	not possible / possible
R	not possible / possible

If necessary conductivity anaesthesia in consultation with the owner:

Number: "SALOU"

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

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JN CONSIGNATION

#### FINAL CONCLUSION

Clinical in GENERAL A  
POSITIVE ADVICE ON THE DAY  
OF THE EXAMINATION ie  
22/ FEB/12

The examination was carried out and reported by  
Mark Deuss, Veterinary surgeon at Kinrooi on:  
(date) 12/FEB/2012

#### 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

(Signature and stamp)

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