

Examination report

Number: E 122077

General and clinical examination

	normal	abnormal
conformation and stance condition	<input type="checkbox"/>	<input type="checkbox"/>
skin and coat	<input type="checkbox"/>	<input type="checkbox"/>
mucous membranes	<input type="checkbox"/>	<input type="checkbox"/>
lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>
eyes and eyelids	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory system		
respiration at rest	<input type="checkbox"/>	<input type="checkbox"/>
type of respiration	<input type="checkbox"/>	<input type="checkbox"/>
spontaneous coughing	<input type="checkbox"/>	<input type="checkbox"/>
larynx sensitivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
respiration after exercise	<input type="checkbox"/>	<input type="checkbox"/>
abnormal sounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>
laryngoscopy performed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
laryngoscopy findings	<input type="checkbox"/>	<input type="checkbox"/>
Circulatory system		
peripheral circulation	<input type="checkbox"/>	<input type="checkbox"/>
heart at rest	<input type="checkbox"/>	<input type="checkbox"/>
heart after exercise	<input type="checkbox"/>	<input type="checkbox"/>
Digest. system (ext. insp.)		
mouth, teeth, tongue	<input type="checkbox"/>	<input type="checkbox"/>
Urogen. system (ext. insp.)	<input type="checkbox"/>	<input type="checkbox"/>
Nervous system		
tail tone	<input type="checkbox"/>	<input type="checkbox"/>
correction reflexes	<input type="checkbox"/>	<input type="checkbox"/>
coordination	<input type="checkbox"/>	<input type="checkbox"/>

Inspection, palpation and eventual percussion

	normal	abnormal
head	<input type="checkbox"/>	<input type="checkbox"/>
neck	<input type="checkbox"/>	<input type="checkbox"/>
withers	<input type="checkbox"/>	<input type="checkbox"/>
back	<input type="checkbox"/>	<input type="checkbox"/>
croup	<input type="checkbox"/>	<input type="checkbox"/>
left frontlimb	<input type="checkbox"/>	<input type="checkbox"/>
right frontlimb	<input type="checkbox"/>	<input type="checkbox"/>
left hindlimb	<input type="checkbox"/>	<input checked="" type="checkbox"/>
right hindlimb	<input type="checkbox"/>	<input type="checkbox"/>
Hooves		
horn quality	<input type="checkbox"/>	<input type="checkbox"/>
hoof percussion	<input type="checkbox"/>	<input type="checkbox"/>
hoof shape	<input type="checkbox"/>	<input type="checkbox"/>
shoeing	<input type="checkbox"/>	<input type="checkbox"/>
type of shoeing	<input type="checkbox"/>	<input type="checkbox"/>

even / uneven _____ higher than _____
no / front / front and hind

Walk, trot and canter

	normal	abnormal
Walking on hard surface		
straight line	<input type="checkbox"/>	<input checked="" type="checkbox"/>
small circle on the left	<input type="checkbox"/>	<input checked="" type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trotting on hard surface		
straight line	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>
Trotting on soft surface		
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>
Cantering on soft surface		
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>

Flexion tests:

	Forced flexion:	Trotting after 1 min. flexion:			
LF not sensitive / sensitive	LF	-	±	+	++
RF not sensitive / sensitive	RF	-	±	+	++
LH not sensitive / sensitive	LH	-	±	+	++
RH not sensitive / sensitive	RH	-	±	+	++

Radiological examination performed: yes no

Number of X rays: 25

Assessment of radiographs:

Grading

Navicular bone	LF	2	RF	2
Fetlock joint	LF	1	RF	1
Sesamoid bones	LF	1	RF	1
Tarsal joint	LH	1	RH	1

	Fragments	Remarks
Fetlock joint	-	+
Fetlock joint	LF	<input type="checkbox"/>
Stifle joint	RF	<input checked="" type="checkbox"/>
Stifle joint	LH	<input checked="" type="checkbox"/>
Tarsal joint	RH	<input type="checkbox"/>
Tarsal joint	LH	<input checked="" type="checkbox"/>
Fetlock joint	RH	<input checked="" type="checkbox"/>
Fetlock joint	LH	<input checked="" type="checkbox"/>
Fetlock joint	RH	<input checked="" type="checkbox"/>

Radiological exam of other parts / extra findings:

Other remarks:

Examination report

(Formulated by the Netherlands Equine Veterinary Association of the Royal Netherlands Veterinary Association)

The pre-purchase examination was performed using the handbook "De veterinaire keuring van het paard" issue 2007 as a guidance)

Number: E 122077

Client is present at the exam: yes / no

Client is buyer / seller / other, namely

Level of training (according to client):

Proposed use (according to client): breeding / sport

Location where the exam takes place: clinic / other, namely

Signalment

Name: SALOU

Breed or type: BWP

Studbook no: WO0319683

Microchip number: 967000010045714

Pedigree: Biquer Balau & Landetto

Age: 31-3-2018 Sex: ♀

Coat colour: Brown Height at withers:

Markings

Head: see below

LF:

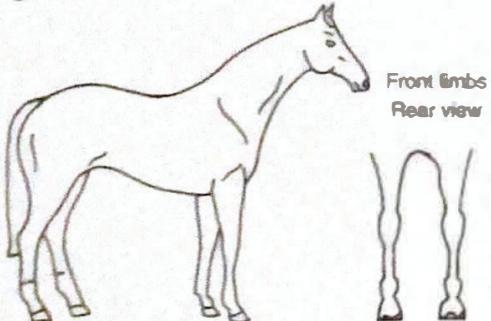
LH:

RF:

RH:

Other:

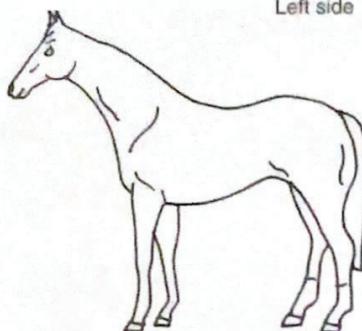
Right side



Front limbs
Rear view



Hindlimbs
Rear view



Left side

Evidence seen of possible behavioural vices? yes (no) If yes: detail: _____

Blood collected and put into custody by the examining veterinary surgeon? yes (no)

Blood sample tested for prohibited substances at client's request? yes (no)

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CONCLUSION:

X-Ray : Sound Horse

1. The examining veterinary surgeon and/or veterinary practice shall not be held liable for loss or damage caused as a result of the performance of the examination or as a result of misinterpretation or shortcomings in the preparation of this report, unless it has been established that this loss or damage is due to malice or negligence on the part of the examining veterinary surgeon.

2. The client shall have the sole right to further legal action due to liability on the part of the examining veterinary surgeon and/or veterinary practice as described under 1 above. Parties other than the parties shall not be entitled to derive any rights to compensation or damages arising from this examination report.

3. Liability of the examining veterinary surgeon and/or veterinary practice as described under 1 above, shall be limited to the sum of the costs of the consultation. Details of this coverage in the form of policy documents for the insurance may be obtained at the examining practice, practice and copies of these may be obtained on request from the relevant insurance company.

4. The producer printed on this examination report shall also verify whether the client has signed the form or failed to accept model of the examination report.

5. If the client upon whose instruction the examination was performed is not the owner of the horse, the client is solely responsible for having informed the owner's consent to all examinations performed during the examination, and the client shall fully indemnify the examining surgeon in respect of any claim by third parties arising from an allegation that such consent was not given.

6. If the client states that their party are of the opinion that the health of the horse at the time of the proposed examination does not correspond to that which is stated in the accompanying report, these parties must report this to the client orally within three days and in writing this example together with the written statement under 1, ready of the time of every visit of either party applied the examining veterinarian and/or the veterinary practice will be held the party liable for compensation. Within two weeks following delivery of a copy of this report to the examining veterinarian and the examining practice.

7. The laws of the Netherlands shall apply, except where by any document arising from the performance of the examination contra the regulations of the examination report, and the Court of the Netherlands shall retain sole jurisdiction to hear these disputes. In the event of differing interpretations between the Dutch and English text of these conditions, the content of the Dutch text shall be decisive.

Thus examined and reported by me:

G. Weggemans
veterinary surgeon in:

5-1-2022
Hooghalen.

This report can relate only to the appearance on the date of examination: 5-1-2022

Signature of Client:

Signature of examining veterinary surgeon