

Mark Deuss
Veterinary Surgeon

Examination Report

"SAY YOU WILL D'HULSTERLO"
(CEASAR)

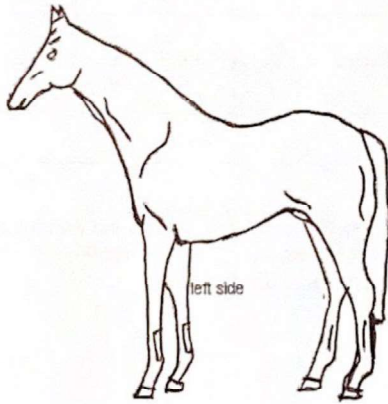
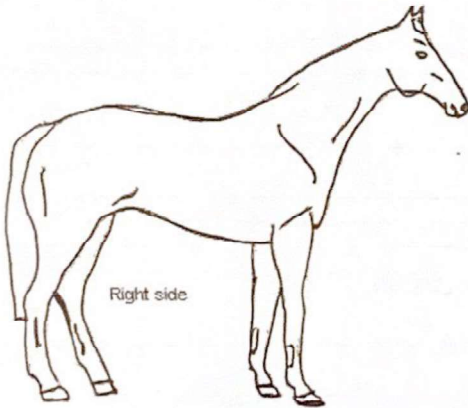
Examination for the purpose of purchase, sale insurance

Company: _____
 Horse/Pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code and town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

Description
 Race or Type: BWP
 Pedigree no.: 056-002-100319435
 Age: 16/06/2018
 Sex: FEMALE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: PIEBALD
 Outline: _____

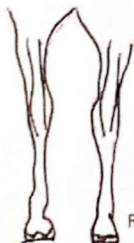
cf. STUDBOOK PAPERS!

microchip no.: 981100024537 008



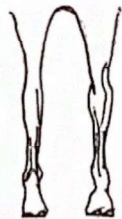
Hind rear view

fore rear view



Left

Right



Left

Right

General Examination

Build and posture good/deviant: _____
 Feeding condition good/deviant: _____
 Skin and hair good/deviant: _____
 Pulse in condition of rest/possibly after labour: NS
 Respiration in condition of rest/possibly after labour: NS
 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 corneal operation: present/not present: _____

Further clinical examination

	not deviant	deviant
Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laryngoscopy 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 equal not equal

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"/>

Walking on hard ground

straight line	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant
Left small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on hard ground

straight line	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant
left small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on soft ground

left volt	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cantering/Galloping on soft ground

left volt	<input checked="" type="checkbox"/> not deviant	<input type="checkbox"/> deviant
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Bending tests
Tightening of lower foot or leg

Left forefoot	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Right forefoot	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Left hind leg	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Right hind leg	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive

Trotting off after two minutes bending

LF	<input checked="" type="checkbox"/> +/-	<input type="checkbox"/> +/	<input type="checkbox"/> ++
RF	<input checked="" type="checkbox"/> +/-	<input type="checkbox"/> +/	<input type="checkbox"/> ++
LH	<input checked="" type="checkbox"/> +/-	<input type="checkbox"/> +/	<input type="checkbox"/> ++
RH	<input checked="" type="checkbox"/> +/-	<input type="checkbox"/> +/	<input type="checkbox"/> ++

Hock:

L	<input checked="" type="checkbox"/> +/-	<input type="checkbox"/> +/	<input type="checkbox"/> ++
R	<input checked="" type="checkbox"/> +/-	<input type="checkbox"/> +/	<input type="checkbox"/> ++

Fixing the kneecap

L	not possible / possible
R	not possible / possible

if necessary conductivity anaesthesia in consultation with the owner:

Number: SAY YOU WILL D'KULSTERLO

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

IN CONSIGNATION

FINAL CONCLUSION

CLINICAL IN GENERAL A POSITIVE
ADVICE + CHECKED THE X-RAYS

D.D 23/FEB/2021

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) 23/FEB/2021

Results of the X-ray examination

	good	fair	bad
Navicular LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I CHECKED THE X-RAYS

(Signature and stamp)

Mark Deuss
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NO SIGNIFICANT ABNORMALITIES

Necessary results of any other x-ray examinations

