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## Examination Report

TIA MARIA Wm

(EMIR R)

### 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: NRPS  
Pedigree no.: 528008261700304  
Age: 26/27  
Sex: FEMALE  
Shoulder height: \_\_\_\_\_  
Level of training: SPORTS  
Colour: CHESTNUT  
Outline: \_\_\_\_\_

je studbookpaars!

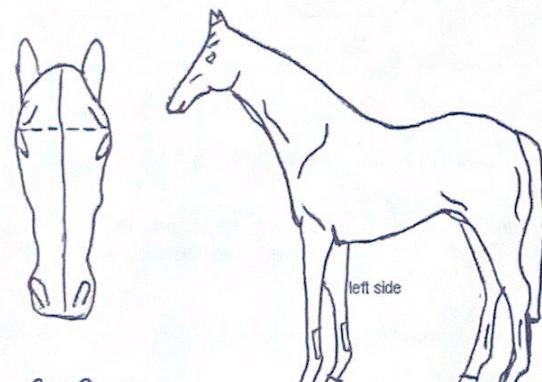
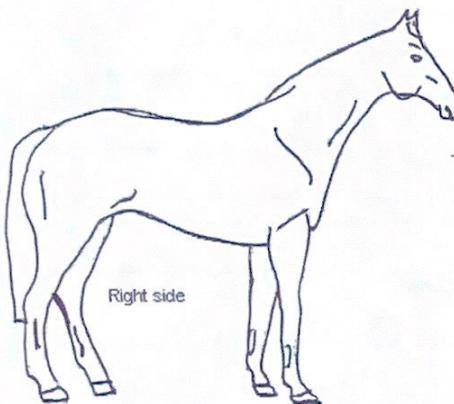
Micachipcode: 528210034610317

### General Examination

Build and posture good/deviant: \_\_\_\_\_  
Feeding condition good/deviant: \_\_\_\_\_  
Skin and hair good/deviant: \_\_\_\_\_  
Pulse in condition of rest/possibly after labour: 03  
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 corage operation: present/not present: \_\_\_\_\_

### Further clinical examination

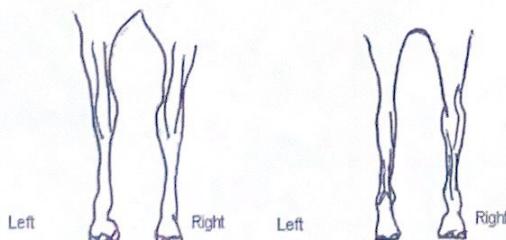
	not deviant	deviant
Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laringoscopy if necessary	<input type="checkbox"/>	<input type="checkbox"/>
Circulation system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Digestion system	<input checked="" type="checkbox"/>	<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"/>



Hind rear view

fore rear view

small  
congested nostrils  
no nostrils  
no nasal discharge  
no nasal discharge



	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"/>

#### Bending tests

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 -	++	++
RF -	++	++
LH -	++	++
RH -	++	++
L -	++	++
R -	++	++

Hock:

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Navicular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Hock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Hock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Stifle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Stifle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2

Necessary results of any other x-ray examinations

NAVICULAR R: ONE VERY SMALL FRAGMENT AT THE DIGITAL BORDER

X-rays back (DD 04/11/2020): NO SIGNIFICANT ADNORMALITIES

Number: "TIA MARIA WM"

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

\_\_\_\_\_

\_\_\_\_\_

JN CONSIGNATION

#### FINAL CONCLUSION

Clinical in general A

Positive advice on the day  
of the examination i.e.

23/10/2020.

Radiological (DD 08/10/2020 +  
04/11/2020): NO SIGNIFICANT  
ABNORMALITIES

The examination was carried out and reported by  
Mark Deuss, Veterinary surgeon at Kinrooi on:  
(date) 23/10/2020

(Signature and stamp)

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