

Mark Deuss
 Veterinary Surgeon

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Examination Report

Examination for the purpose of purchase, sale insurance

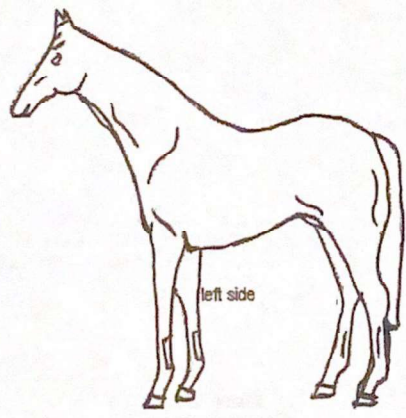
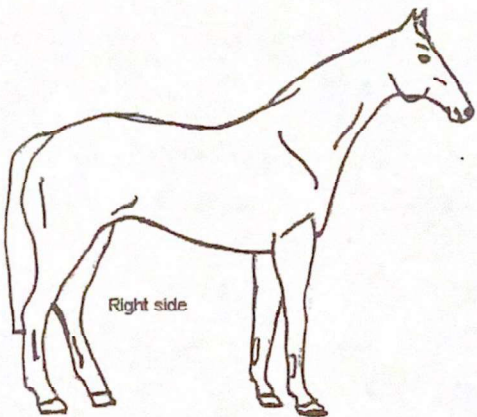
Company: _____
 Horse/pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code and town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

Description

Race or Type: KWPN
 Pedigree no.: 528 908 2018 00050
 Age: 06 APRIL 2018
 Sex: FEMALE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: BAY
 Outline: _____

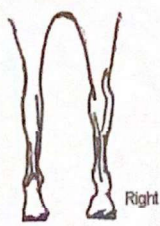
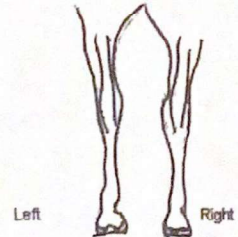
"VAYA"
 (VANGELIS)

for studbookpapers!
micro chip no: 528210004734862



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: 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 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 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

Walking on hard ground

| | | |
|------------------|-------------------------------------|--------------------------|
| | not deviant | deviant |
| 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"/> |

Trotting on hard ground

| | | |
|------------------|-------------------------------------|--------------------------|
| 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"/> |

Trotting on soft ground

| | | |
|------------|-------------------------------------|--------------------------|
| left volt | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| right volt | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Cantering/Galloping on soft ground

| | | |
|------------|-------------------------------------|--------------------------|
| 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 | 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

| | | | | |
|----|---|---|---|----|
| LF | - | ± | + | ++ |
| RF | - | ± | + | ++ |
| LH | - | ± | + | ++ |
| RH | - | ± | + | ++ |

Hock:

| | | | |
|---|---|---|----|
| L | ± | + | ++ |
| R | ± | + | ++ |

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 LF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Navicular RF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fetlock LF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fetlock RF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fetlock LH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fetlock RH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hock L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hock R | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stifle L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stifle R | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Necessary results of any other x-ray examinations

Number: VAYA

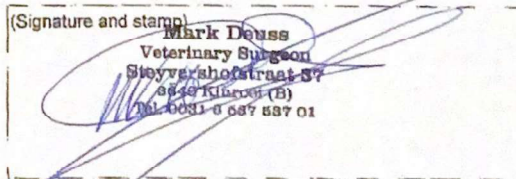
After the examination blood/no blood was taken to search for illegal practices.
If necessary laboratory results:

IN CONSIGNATION

FINAL CONCLUSION

CLINICAL IN GENERAL A
POSITIVE ADVICE ON THE
DAY OF THE EXAMINATION
IE 2021/APRIL/08

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on:
(date) 03/ April / 2021

(Signature and stamp)

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