

B. Prepurchase examination record

Client

Veterinarian

Name _____
Street _____
Address _____
Phone _____
Fax _____
E-Mail _____

Name **Jan-Morten Kruck**
prakt. Tierarzt
Street **Umlandstr. 29 48565 Steinfurt**
Address **Tel. 02551/9192310 Fax 02551/9192311**
Mobil 0170/8140987
tapraxiskruck@gmx.de
Phone _____
Fax _____
E-Mail _____

Third person (Section 11 General Conditions)

Buyer Vendor

Name _____
Street _____
Address _____
Phone _____
Fax _____
E-Mail _____

Place and date of examination

Gronau, 14.11.2021

People present _____

Was the horse tried out?

yes no Irregularities _____

FEL/Equine passport available not available Identification number: *J280 17201 P00789*
Transponder *J28210006286972* not controlled not found
Food-producing animal Non-food-producing animal Appendix does not exist Appendix not filled out

Identification

conforms with FEL/Equine passport

Name: *Rhoady's Phrag* Breed: *Warm*
Sex: *gelding* Colour: *chestnut*
Age (Teeth): *4 years* Brand: _____
Markings: _____

I. General examination

Body condition normal _____
Coat and skin normal _____
Conspicuous scars no yes _____
Skin tumours no yes _____

Contract No.

123543

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Rectal temperature 77.4 °C _____

Pulse quality normal _____

Rate at rest 76 /min. _____

Respiration normal difficulties on inspiration _____

Pulse at rest 16 /min. _____

difficulties on expiration _____

Visual examination of head normal _____

Conjunctiva normal _____

Mandibular lymph nodes normal _____

Jugular veins normal _____

Nasal discharge no yes _____

Spontaneous cough no yes _____

II. Examination at rest

Nervous system normal _____

Any indications of paralysis and problems of the central nervous system _____

Eyes

Anterior segment including lids, conjunctiva, cornea, anterior chamber, iris and adnexa normal _____

Posterior segment including lens, vitreous humour and retina normal _____

Mydriasis yes no (Please observe status of food)

Behaviour normal _____

Respiratory system

Cough reflex normal _____

Auscultation of the trachea normal _____

Auscultation of the lungs normal _____

Following respiratory stimulation normal _____

(rebreathing exam, closure of nostrils or via medication)

Heart normal _____

Oral cavity, teeth normal _____

(rostral aspect)

External genitalia normal _____

Visual examination and palpation

Faeces consistency normal _____

Drug testing urine blood immediately examined not examined different handling

III. Examination of the locomotor system

Visual inspection and palpation of the neck, back, croup, chest and abdominal region

normal

Visual inspection and palpation of the limbs

L. F.: _____
 R. F.: _____
 L. H.: _____
 R. H.: _____

No special finding

Shoeing

normal

No shoeing

no shoeing

Examination of the horse at walk and trot in hand – straight up and back – on firm ground

normal

Flexion tests

Pain on turning

no

yes

Flexion of limbs (standard, 1 min, +, ++, +++)

L. F.: neg. pos. _____

L. H.: neg. pos. _____

R. F.: neg. pos. _____

R. H.: neg. pos. _____

Pain while flexing/flexion mechanically impossible

No

Hoof tester

Negative

Neurologic abnormalities

No special finding

Additional examination

IV. Examination during/following exercise (heart, respiratory system, locomotory system)

(Horse should be exercised until it shows rapid respiration) lunged without side-reins ridden running free

Locomotory problems

no

yes

Abnormal respiratory sounds

no

on inspiration

on expiration

Breathing problems

no

yes

Coughing, nasal discharge

no

yes

Auscultation

Heart

normal

Lungs

normal

Pulse and respiratory rates following exercise

	Rate at rest	Immed. follow. exercise	After <u>1</u> minutes	After <u>10</u> minutes
Pulse	<u>36</u>	<u>72</u>	<u>40</u>	<u>36</u>
Respiration	<u>16</u>	<u>36</u>	<u>20</u>	<u>16</u>

Rapid respiration after _____ minutes at the trot and/or _____ minutes at the gallop

V. Other and/or special examinations

a) Radiographic examinations

Findings described (according to "Röntgenleitfaden", i.e. German Guidelines for reporting radiographic purchase examination)

yes no

1.) Standard

Toe
(Dorsoproximal-
palmarodistal,
Oxspring)

L. F.:

R. F.:

Toe
(90°, Overview)

L. F.:

R. F.:

L. H.:

R. H.:

Tarsus
(2 views: 45-70°,
90-135°)

L.:
(45-70°)

L.:
(90-135°)

R.:
(45-70°)

R.:
(90-135°)

Tarsus
(3rd view, 0°
recommended)

L.:

R.:

2.) Additional radiographic examination

Stifle
(2 views::
90–115°, 0/180°)

L.:
(90–115°)

L.:
(0/180°)

R.:
(90–115°)

R.:
(0/180°)

Spinal processes:
(thoracic/lumbar)
(90°, respectively, 270°)

number of radiographs:

3.) Additional radiographs (special supplementary radiographs for purpose of control)

Navicular bone
(90° and tang.)

L. F. (90°):

L. F. (tang.):

R. F. (90°):

R. F. (tang.):

Pedal joint
(flexed, 45° and
315° on Oxspring
block)

L. F. (45°):

L. F. (315°):

R. F. (45°):

R. F. (315°):

Fetlock joint
(4 views, 0°, 45°,
90°, 315°)

L. F. (0°):

L. F. (45°):

L. F. (90°):

L. F. (315°):

R. F. (0°):

R. F. (45°):

R. F. (90°):

R. F. (315°):

4.) Other radiographs

