

Clinical and x-ray exam

Executed on:	Date of birth: 20.16
Horse: CLEVELAND 2	Sex: M
Chipnumber: 250259600546217	Color: GREY

Clinical exam:

External inspection:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
General impression:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Auscultation heart and lungs:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Inspection:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Palpation:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Shoeing:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Walk straight line:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Trot hard surface straight-line:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Trot hard surface right-circle:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Trot hard surface left-circle:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Trot soft surface right-circle:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Trot soft surface left-circle:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Galop soft surface right-circle:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Galop soft surface left-circle:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Flexion test RF:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Flexion test LF:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Flexion test RH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Flexion test LH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Other remarks important for sale:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____

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X-ray exam:

Navicular DP RF:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Navicular DP LF:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Navicular LM RF:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Navicular LM LF:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Fetlock LM RF:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Fetlock LM LF:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Fetlock LM RH:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Fetlock LM LH:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Tarsus LM + APLO RH:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Tarsus LM + APLO LH:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Tarsus APLO RH:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Tarsus APLO LH:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Stifle LM RH:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Stifle LM LH:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Tarsus DP RH:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Tarsus DP LH:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Stifle DP RH:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Stifle DP LH:	<input type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Other radiological examinations: <input type="checkbox"/> no <input type="checkbox"/> yes,		
Other findings and remarks: <input type="checkbox"/> no <input type="checkbox"/> yes,		

Conclusion:**Clinical examination:** No abnormal findings

Abnormal findings (see examination protocol)

Radiological findings:

- Good
 Satisfactory
 Moderate
 Unsatisfactory

- Acceptable
 Increased risk
 Not acceptable

Date: 28. 11. 2018
Place: NARBELLE.
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The horse receives normal medical risk
 increased medical risk