



On behalf of: Owner

Name	Camilla Dalgaard
Address	Asselsvej 139 7990 Ø. Assels
Phone	42166000
E-mail	camillabdalgaard@icloud.com

Main data

Name Optimum Zolution	Race DV	Color Red	Sex Stallion
Birthday 04-04-2023	Reg No. 208333DW2330703	Chip 208213990537398 No.	
The identity and markings of the horse are in agreement with its passport: <input type="checkbox"/>		Horse is chipped: <input checked="" type="checkbox"/>	

The horse is being purchased for (usage): dressage, when the horse reaches a ridden age

For how long has the horse been continuously trained/ridden, previously to the pre-purchase exam?:

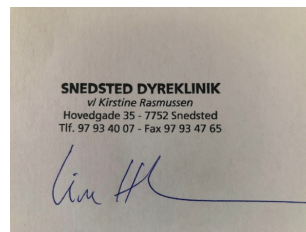
Seller is registered as a client with the practice of the veterinary surgeon performing the pre-purchase exam ? Yes

With reference to the conditions and limitations of the pre-purchase examination specified in the advance agreement, my conclusions as the examining veterinary surgeon on the day of the examination are as follows

- ☒ From a veterinary point of view, there is a standard risk that the health status of the horse as of this date will influence the proposed usage of the horse. Ref. Point
- ☐ From a veterinary point of view, there is a mildly increased risk that the health status of the horse as of this date will influence the proposed usage of the horse. Ref. Point
- ☐ From a veterinary point of view, there is a moderately increased risk that the health status of the horse as of this date will influence the proposed usage of the horse. Ref. Point
- ☐ From a veterinary point of view, there is a considerably increased risk that the health status of the horse as of this date will influence the proposed usage of the horse. Ref. Point
- ☐ Without further supplementary examinations, it remains impossible to draw any conclusions from the performed examination. Ref. Point

11-09-2023

Date



Signature

Light sedation used in order to enable a conclusive examination

No ☒ Yes ☐

1. General condition

1a Body condition:

Average

1b Abnormal fat deposits on neck or trunk ?

No ☒ Yes ☐

1c Abnormalities in general condition ?

No ☒ Yes ☐

1d Other comments:

2. Skin

2a Abnormalities in presentation of skin or hair coat ?

No ☒ Yes ☐

2b Signs of hair loss as a result of pruritus or wear of skin, mane or tail ?

No ☒ Yes ☐

2c Signs of sarcoids or melanoma like lesions on the head, ventral abdomen, pectoral region, medial thigh, genitals or elsewhere ?

No ☒ Yes ☐

2d Signs of abnormalities in the saddle or girth region ?

No ☒ Yes ☐

2e Other comments:

3. Head and teeth

3a Abnormal smell or discharge from the mouth or nostrils ?

No ☒ Yes ☐

3b Abnormalities in the symmetry of the skull and/or mandible and/or masticatory muscles ?

No ☒ Yes ☐

3c Abnormalities during palpation of the temporo-mandibular joints ?

No ☒ Yes ☐

3d Abnormalities in the soft tissues of the mouth, including the lips ?

No ☒ Yes ☐

3e Are enamel points or hooks present ?

teeth, other than incisives, not evaluated

No ☐ Yes ☒

3f Are visible wolf teeth present ?

No ☒ Yes ☐

3g Visible abnormalities in the presentation of the canine teeth or incisors ?

No ☒ Yes ☐

3h Abnormalities in the mobility of the jaws or the occlusion of the teeth ?

No ☒ Yes ☐

3i Use of mouth speculum during the examination ?

No ☒ Yes ☐

3j Use of focal light during the examination?

No ☒ Yes ☐

3k Was the oral cavity flushed with water before the examination ?

No ☒ Yes ☐

3l Was a dental mirror used during the examination ?

No ☒ Yes ☐

3m Was the horse sedated during the examination ?

No ☒ Yes ☐

3n Other comments:

teeth, other than incisives, not evaluated

4. Eyes

4a Abnormalities of the menace or pupillary reflex ?

No ☒ Yes ☐

4b Abnormalities of the symmetry, position or size of the eyes and eyelids and/or the ciliary angle ?

No ☒ Yes ☐

4c Abnormalities of the conjunctiva or third eyelid, including discharge ?

No ☒ Yes ☐

4d Abnormal macroscopic findings of the cornea, iris or lens ?

No ☒ Yes ☐

4e Was examination of eyes performed in a darkened room ?

No ☒ Yes ☐

4f Use of focal light during the examination ?

No ☐ Yes ☒

4g Other comments:

5. Neck

5a Abnormalities during inspection and palpation of the crest of the neck and/or soft tissues of the neck ?

No ☒ Yes ☐

5b Abnormalities in the symmetry of neck musculature ?

No ☒ Yes ☐

5c Abnormalities during palpation or movement of the neck ?

No ☒ Yes ☐

5d Abnormalities in the symmetry of the shoulders and upper forearms ?

No ☒ Yes ☐

5e Other comments:

6. Back

6a Abnormalities in the curvature, symmetry and muscle mass of the back and hind quarters ?

No ☒ Yes ☐

6b Abnormalities during superficial or deep palpation of the back and hind quarters ?

No ☒ Yes ☐

6c Abnormalities in tail tone ?

No ☒ Yes ☐

6d Abnormal musculo-cutaneous reflex ?

No ☒ Yes ☐

6e Abnormalities in the mobilisation and moveability of the back and hind quarters at rest ?

No ☒ Yes ☐

6f Pain or resentment to palpation of the girth area ?

No ☒ Yes ☐

6g Other comments:

7. Genitals

7a Mares: Abnormalities in symmetry, conformation and closure of the vulva ?

No ☐ Yes ☐

7b Mares: Abnormalities in the shape, size, texture or symmetry of the udder ?

No ☐ Yes ☐

7c Stallions and geldings: Abnormalities during palpation of the prepuce ?

No ☒ Yes ☐

7d Stallions and geldings: Abnormalities during palpation of the scrotum ?

No ☒ Yes ☐

7e Stallions: Abnormalities of the placement, size or texture of the testicles ?

No ☒ Yes ☐

7f Other comments:

8. Heart

8a	At rest: Abnormalities in the peripheral circulation (mucous membranes, capillary refill time, jugular, vein, jugular pulsation) and/or ventral oedema ?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
8b	Abnormalities during the auscultation of the cardiac Puncta maxima (heart sounds, murmurs, arrhythmias)?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
8c	After exercise: Abnormalities in rhythm, murmurs and/or jugular pulsation after sufficient increase in pulse rate ?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
8d	Other comments:	

9. Airways

9a	At rest: Abnormalities during palpation of the upper airway lymph nodes ?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
9b	Abnormalities of the respiratory frequency or pattern ?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
9c	Abnormalities during auscultation of the trachea or bilateral auscultation of the thorax ?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
9d	Is nasal discharge noticed ? <i>If yes, what type of discharge ?</i>	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
9e	During exercise: Abnormal audible respiratory sounds ?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
9f	Post exercise: Abnormalities related to the airways following exercise (respiratory rate, abnormal sounds or discharge) ?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
9g	Any signs of coughing while examining the horse?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
9h	Other comments:	

10. Limbs

10a	Abnormalities in limb angulation or toe-pastern axis ?	LF: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> RF: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> LH: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> RH: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
10b	Abnormalities in hoof symmetry (size and shape: pairwise comparison) ?	BF: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

BB: No ☒ Yes ☐

10c1 Abnormalities in shoeing from a standard open shoe?

LF: No ☒ Yes ☐

RF: No ☒ Yes ☐

10c2 Abnormalities in shoeing from a standard open shoe?

LH: No ☒ Yes ☐

RH: No ☒ Yes ☐

10ca Is the horse without shoes (no shoes on all 4 hooves) ?

No ☐ Yes ☐

10cb Is the horse without shoes on the hind hooves ?

No ☐ Yes ☐

10d Abnormalities in the conformation/shape of the hoof (walls, heels, sole, flares, coronary band, horn quality or symmetry) ?

LF: No ☒ Yes ☐

RF: No ☒ Yes ☐

LH: No ☒ Yes ☐

RH: No ☒ Yes ☐

10e Abnormalities during palpation of the bones of the limbs ?

LF: No ☒ Yes ☐

RF: No ☒ Yes ☐

LH: No ☒ Yes ☐

RH: No ☒ Yes ☐

10f Abnormalities during palpation of the joints and tendon sheaths of the limbs ?

LF: No ☒ Yes ☐

RF: No ☒ Yes ☐

LH: No ☒ Yes ☐

RH: No ☒ Yes ☐

10g Abnormalities during palpation of the suspensory ligaments, tendons or other ligaments including tendons and ligaments in the fetlock/pastern region ?

LF: No ☒ Yes ☐

RF: No ☒ Yes ☐

LH: No ☒ Yes ☐

RH: No ☒ Yes ☐

10h Other comments:

11. Examination during exercise

11a At the walk on a firm surface: Abnormalities in limb angulation or toe-pastern axis ?

LF: No ☒ Yes ☐

RF: No ☒ Yes ☐

LH: No ☒ Yes ☐

RH: No ☒ Yes ☐

11b Abnormalities in the landing-, weightbearing- and/or protraction phases of the hoof in relation to the limb conformation ?

LF: No ☒ Yes ☐

RF: No ☒ Yes ☐

LH: No ☒ Yes ☐

RH: No ☒ Yes ☐

11c Abnormalities in movement during tight turns ?

LF: No ☒ Yes ☐

RF: No ☒ Yes ☐

LH: No ☒ Yes ☐

RH: No ☒ Yes ☐

11d At the trot on a firm surface: Any gait abnormalities / lameness ?

LF: No ☒ Yes ☐

RF: No ☒ Yes ☐

LH: No ☒ Yes ☐

RH: No ☒ Yes ☐

11e Flexion test has not been performed

Age of the horse

11g Lunging on a firm surface on both left and right rein has not been performed

Age of the horse

11i Lunging on soft surface on both left and right rein has not been performed

Age of the horse

Seen loose in outdoor arena

11l Any abnormalities of mobility noticed in relation to the neck, back or hindquarters of the horse during movement ?

No ☒ Yes ☐

11m Any signs of ataxia ?

BF: No ☒ Yes ☐

BB: No ☒ Yes ☐

11n Any abnormalities noted in the horse's reaction when doing rein-back (4-6 steps) ?

No ☒ Yes ☐

11o Other comments:

12. Behavior

12a Does the horse show signs of abnormal behavior during the clinical assessment ?

No ☒ Yes ☐

12b Other comments:

13. Additional examinations or reports

13a	Has a radiographic examination taken place?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
13c	Is ridden assesment performed?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
13g	Extended examination deemed required for the following organ system	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
13i	Has a blood sample been obtained for medication control?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
13j	Additional supplementary comments ?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
13l	Other comments:	
