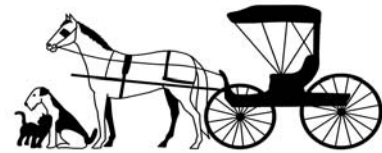


JANSSEN VETERINARY CLINIC
 2420 WEST 236TH STREET
 SHERIDAN, IN 46069
 317-758-4865; FAX 317-758-6055



Pre-Purchase Examination

Client/Buyer: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____
 Owner/Seller: _____
 Level of Training (according to owner): _____
 Proposed Use by Buyer: _____

Equine Name: _____
 Breed: _____ Registration number: _____
 Age: _____ Sex: _____ Mare/Gelding/Stallion
 Height: _____ Weight: _____
 Color: _____
 Microchip/Markings: _____

Persons Present During Exam: _____

Clinical Examination	no abnormal findings	abnormal findings (see examination protocol)
Radiological Findings	good satisfactory moderate unsatisfactory	acceptable increased risk not acceptable

During the examination there were/were not indications of vices.

After the examination blood samples were/were not taken for investigation of banned substances. Stored or Sent: _____

Conclusion: _____

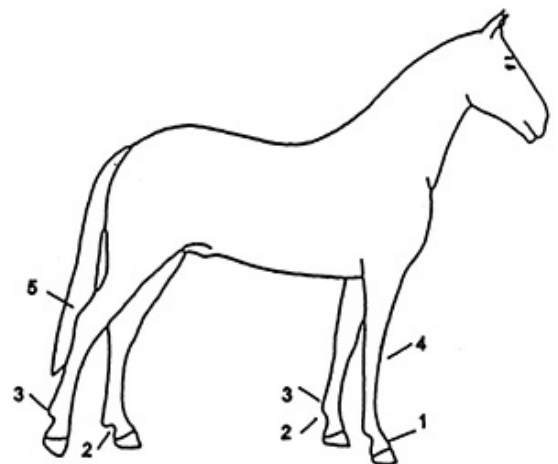
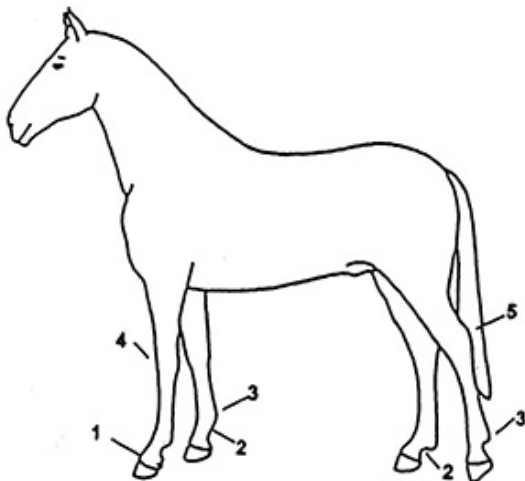
The examining veterinarian and/or veterinary practice shall not accept liability for loss or damage caused as a result of their carrying out the examination or as a result of inaccuracies or shortcomings in their preparation of this report unless it is established that this loss or damage is due to willful or gross negligence on the part of the examining veterinarian.

Thus examined and reported by: _____

This report was completed on : _____

Veterinarian Signature: _____

Client Signature: _____



Examination Protocol

General and Clinical Examination

	Normal	Abnormal
Conformation and stance		
Nutritional status		
Skin and coat		
Mucous membranes		
Lymph nodes		
Eyes		
Mouth		
<i>Cardiovascular System</i>		
Heart rate at rest		_____
Heart rate after exercise		_____
<i>Respiratory System</i>		
Spontaneous coughing	present/not present	
Larynx - palpation	normal/sensitive	
Quality of induced cough:		_____
Respiration at rest		_____
Respiration after exercise		_____
Type of respiration		_____
Laryngoscopy (if needed)		_____
<i>Digestive System</i>		
External examination		_____
<i>Urogenital System</i>		
External examination		_____
<i>Nervous System</i>		
Tail tone		_____
Postural reflexes		_____
Coordination		_____
<i>Inspection, palpation and percussion</i>		
Head		_____
Neck		_____
Withers		_____
Back		_____
Croup		_____
Left forelimb		_____
Right forelimb		_____
Left hindlimb		_____
Right hindlimb		_____
<i>Fore hooves and hind hooves</i>		
Horn quality		_____
Width of heels		_____
Frog development		_____
Hoof percussion		_____
Hoof inspection		_____
Size and shape		_____
<i>Gait</i>		
Walking on hard surface		
Straight line		_____
Small circle – left		_____
Small circle – right		_____
Trotting on hard surface		
Straight line		_____
Small circle – left		_____
Small circle – right		_____
Trotting on soft surface		
Small circle – left		_____
Small circle – right		_____

<i>Flexion tests</i>	Forced flexion of distal limb	Trotting away after flexion
Left forelimb	not sensitive/sensitive	LF I II III IV V
Right forelimb	not sensitive/sensitive	RF I II III IV V
Left hindlimb	not sensitive/sensitive	LH I II III IV V
Right hindlimb	not sensitive/sensitive	RH I II III IV V

<i>Spavin test</i>	L	-	±	+	++
	R	-	±	+	++

<i>Inspection of stifle</i>	Left	normal	abnormal
	Right	normal	abnormal

<i>Fixation of the patella</i>	Left	not possible	possible
	Right	not possible	possible

Radiological examination yes no
 Categories 1 (good) and 2 (satisfactory) are considered ACCEPTABLE. Category 3 is considered acceptable to carry an INCREASED RISK. Radiological findings can only be considered acceptable when other findings justify this. Category 4 is at all times NOT ACCEPTABLE.

Other radiological examinations: _____

Hoof Tester Reaction

	negative	positive
LF		_____
RF		_____
LH		_____
RH		_____

Osteochondrosis negative positive

Tarsal joint-LH _____
 Tarsal joint-RH _____
 Stifle-LH _____
 Stifle-RH _____

Other findings and remarks: _____

Assessment of musculoskeletal system
 good satisfactory moderate unsatisfactory