

Equine Pre-purchase Examination Certificate

Identity | Clinical Examination

31212 B
Document no.:

The practising veterinary surgeons' employers' association

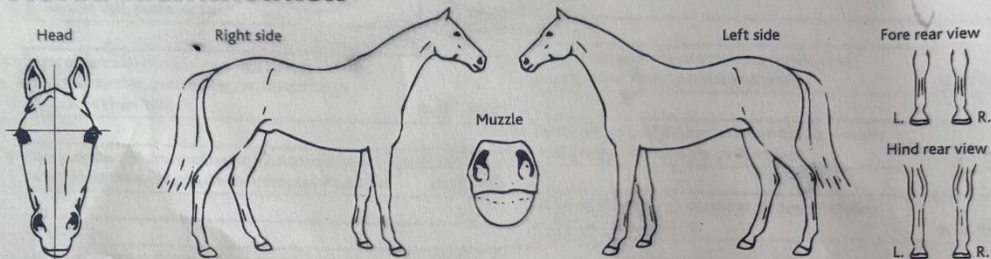


Purchaser

Vendor

OLE MAGNUS JENSEN
JELS SKOVVEJ 24
6630 RØDDING

Horse Identification



Basic information

Name	PEPPER LANGHOLT	Breed	DW	Colour	DARK BAY	Sex	♂
Date of birth	6-4-2025	Reg. no.	208333DW2532499	Microchip identification	208 213990590644		
The identity and markings of the horse are in agreement with its passport				No <input type="checkbox"/> Yes <input type="checkbox"/>		The horse is not chip marked <input type="checkbox"/>	

Markings:

Head	LF
	RF
Body	LH
	RH

The horse is being purchased for (usage)

RIDNING

Veterinary Certification:

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 normal risk that the health status of the horse as of this date will influence the proposed useage of the horse. Ref. point

☐ From a veterinary point of view, there is a moderate risk that the health status of the horse as of this date will influence the proposed useage of the horse. Ref. point

☐ From a veterinary point of view, there is a considerable risk that the health status of the horse as of this date will influence the proposed useage of the horse. Ref. point

☐ Without further supplementary examinations, it remains impossible to draw any conclusions from the performed examination. Ref. point

8-9-2025

Date

Rødding

Location



HESTEDYRLÆGERNE-RIBE

Hestepraksis - Hesteklinik

Lone Christiansen

Dyrlæge Aut.nr. 382

Fanøvej 64 6760 Ribe

Tlf. 46 28 10 61 - Fax. 75 42 46 55

Stamp and signature of veterinary surgeon

Clinical Examination

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Light sedation used in order to enable a conclusive examination
If so, which preparation and dosage used:

No ☒ Yes

1. General condition

1a Bodily condition: Average ☐ Above average ☒ Below ☐

1b Abnormal fat deposits on neck or trunk? No ☒ Yes ☐

1c Abnormalities in general condition? No ☒ Yes ☐

2. Skin

2a Abnormalities in presentation of skin and coat? No ☒ Yes ☐

2b Signs of hair loss as the result of pruritus or wear of skin, mane or tail? No ☒ Yes ☐

2c Signs of sarcoids or melanoma like lesions on head, ventral abdomen, pectoral region, medial thigh, genitals or elsewhere? No ☒ Yes ☐

2d Does palpation of umbilical region, ventral midline or inguinal canal reveal swellings which could indicate the presence of a hernia? No ☒ Yes ☐

3. Teeth

3a Abnormal smell or discharge from mouth or nostrils? No ☒ Yes ☐

3b Abnormalities in the symmetry of the skull and/or mandible? No ☒ Yes ☐

3c Abnormalities in the symmetry of the masseter muscles? No ☒ Yes ☐

3d Abnormalities during palpation of the temporo-mandibular joints? No ☒ Yes ☐

3e Abnormalities in the soft tissues of the mouth, including the lips? No ☒ Yes ☐

3f Abnormalities in the presentation of the canine teeth, wolf teeth, incisors or cheek teeth? No ☒ Yes ☐

3g Abnormalities in moveability of the jaws or the occlusion of the teeth? No ☒ Yes ☐

4. Eyes

4a Abnormalities in menace or pupillary reflex? No ☒ Yes ☐

4b Abnormalities in the symmetry, position or size of eyes and eyelids and the ciliary angle? No ☒ Yes ☐

4c Abnormalities in conjunctiva or third eyelid, including discharge? No ☒ Yes ☐

4d Type of discharge:

4e Abnormal macroscopic findings in cornea, iris or the lens? No ☒ Yes ☐

4f Was examination of the eyes performed in a darkened room? No ☐ Yes ☒

4g Use of focal light during examination? No ☐ Yes ☒

5. Neck

5a Abnormalities in the symmetry of neck musculature (atrophy), or noticed during passive movement of the neck? No ☒ Yes ☐

5b Abnormalities during palpation of transverse processes or palpable muscle attachments? No ☒ Yes ☐

5c Abnormal musculo-cutaneous reflex? No ☒ Yes ☐

5d Abnormalities in the symmetry of the shoulders and upper forearms? No ☒ Yes ☐

6. Back

6a Abnormalities in the curvature, symmetry and muscle mass of the back and quarters? No ☒ Yes ☐

6b Abnormal wear of the hair cover on the back, in the saddle region or in the the girth region? No ☒ Yes ☐

6c Abnormalities during superficial or deep palpation of the back and quarters? No ☒ Yes ☐

6d Abnormalities in tail tone? No ☒ Yes ☐

6e Abnormal musculo-cutaneous reflex? No ☒ Yes ☐

6f Abnormalities in mobilisation and moveability of the back and quarters? No ☒ Yes ☐

6g Pain or resentment to palpation of girth area? No ☒ Yes ☐

7. Genitalia

7a Abnormalities in symmetry, conformation and closure of vulva? No ☐ Yes ☐

7b Abnormalities in the shape, size, texture or symmetry of the udder? No ☐ Yes ☐

7c Abnormalities of prepuce or during palpation of castration scar? No ☒ Yes ☐

7d Abnormalities during palpation of the scrotum? No ☒ Yes ☐

8. Heart

At rest:

8a Abnormalities in the peripheral circulation (mucous membranes, capillary refill time, jugular vein, jugular pulsation and/or ventral oedema) No ☒ Yes ☐

8b Abnormalities in the auscultation of the cardiac puncta maxima (heart sounds, murmurs, arrhythmias) No ☒ Yes ☐

8c After exercise:
Abnormalities in rhythm, abnormal sounds and/or jugular pulsation after sufficient increase in pulse rate? No ☒ Yes ☐

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9. Airways

At rest:

9a Abnormalities at palpation of upper airway lymph glands? No ☒ Yes ☐

9b Abnormalities in type or rate of respiration? No ☒ Yes ☐

9c Abnormalities during auscultation of the trachea or bilateral auscultation of the thorax? No ☒ Yes ☐

9d Is nasal discharge or coughing noticed? No ☒ Yes ☐

9e Type of nasal discharge:

During exercise:

9f Abnormal audible respiratory sounds? No ☒ Yes ☐

After exercise:

9g Abnormalities detected within airways following exercise (respiratory rate, abnormal sounds or discharge)? No ☒ Yes ☐

10. Limbs

Examination at rest:

10a Abnormalities in limb angulation or toe-pastern axis? RF: No ☒ Yes ☐
LF: No ☒ Yes ☐
RH: No ☒ Yes ☐
LH: No ☒ Yes ☐

10b Abnormalities in hoof symmetry (size and shape: pairwise comparison)? In front: No ☒ Yes ☐
Behind: No ☒ Yes ☐

10c Abnormalities in shoeing from a standard open shoe? RF: No ☐ Yes ☐
LF: No ☐ Yes ☐
RH: No ☐ Yes ☐
LH: No ☐ Yes ☐
WITHOUT SHOES

10d Abnormalities in the conformation/shape of the hoof (walls, heels, sole, flares coronary band, horn quality or symmetry)? RF: No ☒ Yes ☐
LF: No ☒ Yes ☐
RH: No ☒ Yes ☐
LH: No ☒ Yes ☐

10e Abnormalities during examination and palpation of flexor- and extensor muscles? RF: No ☒ Yes ☐
LF: No ☒ Yes ☐
RH: No ☒ Yes ☐
LH: No ☒ Yes ☐

10f Abnormalities during palpation of the bones of the upper and lower limbs? RF: No ☒ Yes ☐
LF: No ☒ Yes ☐
RH: No ☒ Yes ☐
LH: No ☒ Yes ☐

10g Abnormalities during palpation of joints and tendon sheaths of the limbs? RF: No ☒ Yes ☐
LF: No ☒ Yes ☐
RH: No ☒ Yes ☐
LH: No ☒ Yes ☐

10h Abnormalities during palpation of suspensory ligaments, tendons or other ligaments including tendons and ligaments in the fetlock/pastern region? RF: No ☒ Yes ☐
LF: No ☒ Yes ☐
RH: No ☒ Yes ☐
LH: No ☒ Yes ☐

11. Examination during exercise:

At the walk on a firm surface:

11a Abnormalities in the landing-, weightbearing- and/or protraction phases of the hoof in relation to the limb conformation? RF: No ☒ Yes ☐
LF: No ☒ Yes ☐
RH: No ☒ Yes ☐
LH: No ☒ Yes ☐

11b Abnormalities in movement during tight turns? RF: No ☒ Yes ☐
LF: No ☒ Yes ☐
RH: No ☒ Yes ☐
LH: No ☒ Yes ☐

At the trot on a firm surface:

11c Any gait abnormalities / lameness? RF: No ☒ Yes ☐
LF: No ☒ Yes ☐
RH: No ☒ Yes ☐
LH: No ☒ Yes ☐

11d Abnormalities during or after flexion of the entire limb? RF: No ☐ Yes ☐
LF: No ☐ Yes ☐
RH: No ☐ Yes ☐
LH: No ☐ Yes ☐
1/2 FOAL/FOAL

Lunging on a firm surface:

11e Any gait abnormalities / lameness? RF: No ☐ Yes ☐
LF: No ☐ Yes ☐
RH: No ☐ Yes ☐
LH: No ☐ Yes ☐
VIST LPS

Lunging on soft surface / arena:

11f Any gait abnormalities / lameness in trot? RF: No ☐ Yes ☐
LF: No ☐ Yes ☐
RH: No ☐ Yes ☐
LH: No ☐ Yes ☐
VIST LPS

Lunging on soft surface / arena:

11g Any gait abnormalities / lameness in canter? RF: No ☐ Yes ☐
LF: No ☐ Yes ☐
RH: No ☐ Yes ☐
LH: No ☐ Yes ☐
VIST LPS

11h Signs of ataxia? In front: No ☒ Yes ☐
Behind: No ☒ Yes ☐

11i Any registered abnormalities in the horse's reaction when doing rein-back (4-6 steps)? No ☒ Yes ☐

12. Ridden assessment

Recommended provided the fitness of the horse allows so:

12a Not performed: ☒ Reason for not performing: **FOAL/FOAL**

12b Horse ridden by:

12c Can the horse be assessed ridden at all paces on both reins? No ☐ Yes ☐

12d Does the horse show signs of aversion or resistance to being ridden on both reins? No ☐ Yes ☐

13. Behaviour

13a Does the horse show signs of abnormal behaviour during the clinical assessment? No ☒ Yes ☐

14. Additional examinations or reports:

14a Report of pre-examination arrangements:

14b Addendum no.

14c Has a radiographic examination taken place? No ☒ Yes ☐

14d Addendum no.

14e Extended examination deemed required for the following organ system: No ☒ Yes ☐

14f Report:

14g Has a blood sample been obtained for medication control? No ☐ Yes ☐

14h Additional supplementary comments: No ☐ Yes ☐

14i Addendum no.