

On behalf of: Owner

| | |
|---------|-------------------------------|
| Name | Kristian og Ulla Bech |
| Address | Lindebjærgvej 23 4180 Sorø |
| Phone | 22198990 / 61758090 |
| E-mail | lindebjerg23@outlook.com |

Main data

| | | | |
|--|--------------------------------|------------------------------------|---|
| Name Bassiani Lindebjerg | Race Dansk Varmblod | Color Brun | Sex Stallion |
| Birthday 13-05-2025 | Reg No. 208333DW2531361 | Chip 208210000839089 No. | |
| The identity and markings of the horse are in agreement with its passport: <input checked="" type="checkbox"/> | | | Horse is chipped: <input checked="" type="checkbox"/> |

The horse is being purchased for (usage):

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 ? No

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 im possible to draw any conclusions from the performed examination. Ref. Point

Dyrlæge Elisabeth Høj

Aut. nr. 6553

Vestermose Dyreklinik
mailto:vestermosedyreklinik.dk
53 65 63 13

05-09-2025

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 ?

No ☒ Yes ☐

3f Are visible wolf teeth present ?

| | | |
|----|---|---|
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3g | Visible abnormalities in the presentation of the canine teeth or incisors ? | |
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3h | Abnormalities in the mobility of the jaws or the occlusion of the teeth ? | |
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3i | Use of mouth speculum during the examination ? | |
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3j | Use of focal light during the examination? | |
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3k | Was the oral cavity flushed with water before the examination ? | |
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3l | Was a dental mirror used during the examination ? | |
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3m | Was the horse sedated during the examination ? | |
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 3n | Other comments: | |
| | It is a foal. I have not made a mouth inspection | |

4. Eyes

| | | |
|----|--|---|
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4a | Abnormalities of the menace or pupillary reflex ? | |
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4b | Abnormalities of the symmetry, position or size of the eyes and eyelids and/or the ciliary angle ? | |
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4c | Abnormalities of the conjunctiva or third eyelid, including discharge ? | |
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4d | Abnormal macroscopic findings of the cornea, iris or lens ? | |
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 4e | Was examination of eyes performed in a darkened room ? | |
| | | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> |
| 4f | Use of focal light during the examination ? | |
| | | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> |
| 4g | Other comments: | |

5. Neck

| | | |
|----|--|---|
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5a | Abnormalities during inspection and palpation of the crest of the neck and/or soft tissues of the neck ? | |
| | | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 5b | Abnormalities in the symmetry of neck musculature ? | |

8. Head

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: No ☒ Yes ☐

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:
He has a small swelling in the saddle area, left side. A little warm, but indolent. The skin is intact. Probably a little swelling in the muscle after playing with another foal

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 ?
The testicles have not yet descended into the scrotum 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 ☒ Yes ☐

8b Abnormalities during the auscultation of the cardiac Puncta maxima (heart sounds, murmurs, arrhythmias)?

No ☒ Yes ☐

8c After exercise: Abnormalities in rhythm, murmurs and/or jugular pulsation after sufficient increase in pulse rate ?

No ☒ Yes ☐

8d Other comments:

9. Airways

9a At rest: Abnormalities during palpation of the upper airway lymph nodes ?

No ☒ Yes ☐

9b Abnormalities of the respiratory frequency or pattern ?

No ☒ Yes ☐

9c Abnormalities during auscultation of the trachea or bilateral auscultation of the thorax ?

No ☒ Yes ☐

9d Is nasal discharge noticed ?
If yes, what type of discharge ?

No ☒ Yes ☐

9e During exercise: Abnormal audible respiratory sounds ?

No ☒ Yes ☐

9f Post exercise: Abnormalities related to the airways following exercise (respiratory rate, abnormal sounds or discharge) ?

No ☒ Yes ☐

9g Any signs of coughing while examining the horse?

No ☒ Yes ☐

9h Other comments:

10. Limbs

10a Abnormalities in limb angulation or toe-pastern axis ?

LF: No ☒ Yes ☐

RF: No ☒ Yes ☐

LH: No ☒ Yes ☐

RH: No ☒ Yes ☐

10b Abnormalities in hoof symmetry (size and shape: pairwise comparison) ?

BF: No ☒ Yes ☐

| | | |
|------|--|---|
| | | BB: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 10c1 | Abnormalities in shoeing from a standard open shoe? | |
| | | LF: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| | | RF: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 10c2 | Abnormalities in shoeing from a standard open shoe? | |
| | | LH: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| | | RH: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| 10ca | Is the horse without shoes (no shoes on all 4 hooves) ? | |
| | | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> |
| 10cb | Is the horse without shoes on the hind hooves ? | |
| | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 10d | Abnormalities in the conformation/shape of the hoof (walls, heels, sole, flares, coronary band, horn quality or symmetry) ? | |
| | | 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"/> |
| 10e | Abnormalities during palpation of the bones of the limbs ? | |
| | | 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"/> |
| 10f | Abnormalities during palpation of the joints and tendon sheaths of the limbs ? | |
| | | 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"/> |
| 10g | Abnormalities during palpation of the suspensory ligaments, tendons or other ligaments including tendons and ligaments in the fetlock/pastern region ? | |
| | | 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"/> |
| 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |

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

It is a foal

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

Foal

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

A foal

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 ☒ Yes ☐

13c Is ridden assesment performed?

No ☒ Yes ☐

13g Extended examination deemed required for the following organ system

No ☒ Yes ☐

13i Has a blood sample been obtained for medication control?

No ☒ Yes ☐

13j Additional supplementary comments ?

No ☒ Yes ☐

13l Other comments:
