



**(Triin Tohver Hoburavi OÜ)**

**Triin Tohver**

**Veterinarian**

**Protocol**

**for the pre-purchase  
examination of a horse**



**Price & order list of the examination profile**

EXAM	Price in € (tax incl)	
Clinical Examination, part B-C-D of protocol or health insurance papers (Tapiola, If, etc)	<b>48</b>	<input type="checkbox"/>
Radiological examination, standard 12 images For details see Extra 1 of this protocol	12 x 13,2 <b>= 158,4</b>	<input type="checkbox"/>
Radiological examination, 14 images For details see Extra 1 of this protocol	14 x 12,6 <b>= 176,4</b>	<input type="checkbox"/>
Radiological examination, 16 images For details see Extra 1 of this protocol	16 x 12 <b>= 192</b>	<input type="checkbox"/>
Radiological examination, 18 images For details see Extra 1 of this protocol	18 x 11,4 <b>= 205,2</b>	<input type="checkbox"/>
One x-ray image (1-11 images)	<b>14,4</b>	<input type="checkbox"/>
One x-ray image (19 and more images)	<b>9</b>	<input type="checkbox"/>
Assessment of foreign x-rays, written report	<b>18</b>	<input type="checkbox"/>
Ultrasound images of the SDFT and DDFT from carpus/hock to fetlock ( <i>superficial digital flexor tendon and deep digital flexor tendon</i> ) <input type="checkbox"/> Front right <input type="checkbox"/> Front Left <input type="checkbox"/> Hind Right <input type="checkbox"/> Hind left	1 leg: 36,00 2 legs: 44,00 3 legs: 72,00 4 legs: 80,00	<input type="checkbox"/>
Other ultrasound images:	from 36,00	<input type="checkbox"/>
Other examinations:		<input type="checkbox"/>

**General notes**

This examination serves as a statement of the health condition of the horse at the time of the examination. Stereotypies (vices) like weaving or crib biting, housing dependent chronic bronchitis, allergies and specific diseases of the upper airway tract that are only reckonable after intensive exercise cannot be assessed. The examination does not include assessment of these disorders. The examination gives no predictions regarding the conformation of the horse nor does it evaluate how the conformation might influence the breeding or equestrian career of the horse.

It is understood and agreed that the results of the examination may be discussed with the vendor/owner and purchaser of the horse but will not be disclosed to any other third party. However, the client of any particular examination case may at his or her discretion decide not to allow disclosure of the results to any other party, including the vendor/owner.

The assessment of the obtained findings is done with the greatest possible care by the examining veterinarian and reflects his or her opinion. A prediction of the future development of the health status, performance and application cannot be determined, because we are dealing with a living animal whose constitution and condition are constantly changing and developing. The decision about the purchase or sale can only be taken by the client.

\_\_\_\_\_  
Place, date, signature (client or authorized person)

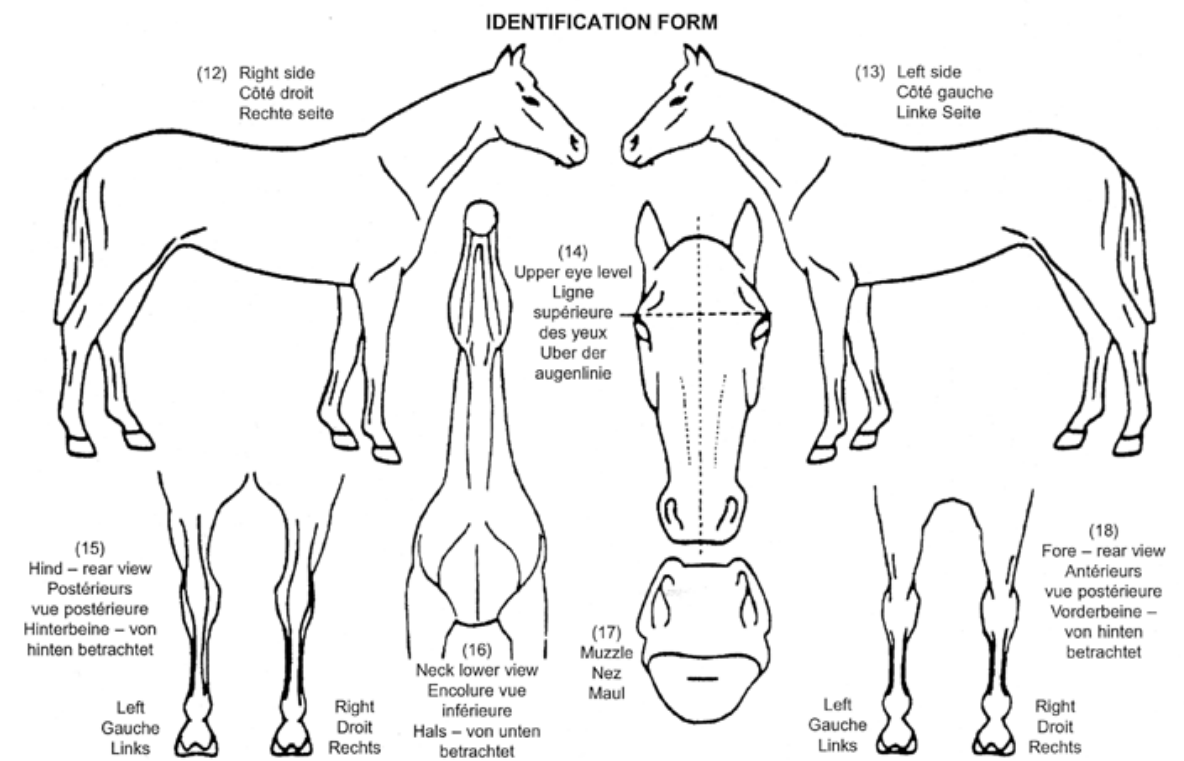
**Examination protocol**



**Date and place of examination:**

**Persons present:**

<b>Client:</b>	<input type="checkbox"/> buyer <input type="checkbox"/> seller
<b>Horse:</b>	
<b>Breed:</b>	<b>Year of birth:</b>
<b>Sex:</b>	<b>Color:</b>
<b>Id number:</b>	<b>Chip nr:</b>





**A. History of the horse** (supplied by the vendor or authorised person)

Name of vendor:

Telephone:

E-mail:

Period of ownership:

- Was the horse presented for a pre-purchase examination in the last 12 weeks:  
 Yes result: \_\_\_\_\_  No  Not known
- Present purpose/educational stage of the horse:  leisure  basic schooling  
 dressage, cl.: \_\_\_\_  jumping, cl.: \_\_\_\_  eventing, cl. \_\_\_\_  
 western, cl.: \_\_\_\_  pasture  other: \_\_\_\_\_
- Use in the last 6 weeks:  sport  training  paddock/pasture
- Medication in the last 6 weeks:  No  Yes:
- Previous diseases/lameness:
- Surgeries:
- Stereotypies (Weaving, crib biting etc.):
- Housing:  stable  paddock  open stable  pasture
- Feeding:  dry hay  soaked hay  silage  oats  muesli/pellets  
 other: \_\_\_\_\_
- Bedding:  straw  shavings  peat  other: \_\_\_\_\_
- Date of last shoeing: \_\_\_\_\_ • Last deworming: \_\_\_\_\_
- Vaccines:  influenza  herpes  tetanus  other: \_\_\_\_\_

I guarantee that the information provided about the horse \_\_\_\_\_ is correct.  
I agree with the procedure of the pre-purchase examination.

I also declare that:

- Triin Tohver was not involved with the pre- treatment of the horse.
- Triin Tohver did treat the horse prior to the pre-purchase examination. Triin Tohver is hereby relieved of the professional code of secrecy for veterinarians.

\_\_\_\_\_  
Place, date, signature (vendor or authorised person)

**B. General clinical examination**



**Pre-purchase examination**  
Triin Tohver Veterinary

FINDINGS	
• Grooming condition:	<input type="checkbox"/> NAF (no abnormalities found)
• Skin and hair:	<input type="checkbox"/> NAF
• Striking scars:	<input type="checkbox"/> none
• General condition:	<input type="checkbox"/> NAF
• Temperature (when suspicious):	_____ °C
• Pulse at rest:	_____ / min.
Quality:	<input type="checkbox"/> NAF
• Heart auscultation:	<input type="checkbox"/> NAF
• Respiration rate at rest:	_____ / min.
• Respiration:	<input type="checkbox"/> NAF <input type="checkbox"/> aggravated inspiration <input type="checkbox"/> aggravated expiration
• Nasal discharge:	<input type="checkbox"/> none
• Coughing:	<input type="checkbox"/> none
• Cough reflex:	<input type="checkbox"/> negative
• Larynx palpation	<input type="checkbox"/> NAF
• Trachea palpation:	<input type="checkbox"/> NAF
• Trachea auscultation:	<input type="checkbox"/> NAF
• Lung auscultation:	<input type="checkbox"/> NAF
• Mucosal membranes:	<input type="checkbox"/> NAF
• Conjunctiva:	<input type="checkbox"/> NAF
• Eyes (without ophthalmoscope):	<input type="checkbox"/> NAF
• Mouth, teeth (without mouth gag):	<input type="checkbox"/> NAF
• Mandibular lymph nodes:	<input type="checkbox"/> NAF
• Head, neck :	<input type="checkbox"/> NAF
• Jugular veins:	<input type="checkbox"/> NAF
• External reproductive organs:	<input type="checkbox"/> NAF
• Faeces:	<input type="checkbox"/> NAF

Comments:

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**C. Examination of the locomotory system**

**C-1. Inspection and palpation of the limbs and back:**

	Position Front			Position from side			Shoeing					Feet				Tendon sheath					
	N	T	T	N	O	B	N	N	O	Sp	O	N	S	F	N	V	P	N	F	H	P
	o	o	o	o	v	a	o	o	v	ec	t	o	t	l	a	r	r	o	i	a	a
	r	r	r	r	e	c	r	s	e	ia	h	r	e	a	r	w	o	r	l	r	i
	m	d	d	m	r	k	m	h	r	l	e	m	e	t	h	o	r	m	e	d	n
	a	l	l	a	a	a	a	o	o	l	o	a	p	h	o	d	a	a	d	e	l
	i	n	o	i	k	n	i	e	e	g	e	i						i			
	l	n	u	n	n	e	n	e	e	i	e	n						n			
	t	t	t	t	e	e	t	s	e	n	e	t						t			
Front left																					
Front right																					
Hind left																					
Hind right																					

OTHER FINDINGS	
• Front left:	
• Front right:	
• Hind left:	
• Hind right:	
• Back:	<input type="checkbox"/> NAF

**C-2. Walk and trot in hand or on the lunge**

FINDINGS	
• On hard ground, straight:	<input type="checkbox"/> NAF
• On hard ground, circle:	<input type="checkbox"/> NAF
• On soft ground, circle:	<input type="checkbox"/> NAF
• Signs for ataxic movements:	<input type="checkbox"/> none



**C-3. Limb flexion tests (approx. time of flexion 1 min.)**

Lower and upper joints (=full flexion)	
<b>Front left:</b>	<input type="checkbox"/> no response <input type="checkbox"/> positive response ± + ++ for ____ steps
<b>Front right:</b>	<input type="checkbox"/> no response <input type="checkbox"/> positive response ± + ++ for ____ steps
<b>Hind left:</b>	<input type="checkbox"/> no response <input type="checkbox"/> positive response ± + ++ for ____ steps
<b>Hind right:</b>	<input type="checkbox"/> no response <input type="checkbox"/> positive response ± + ++ for ____ steps

Comments:

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**D. Examination of the heart, respiratory system and locomotory system under workload**

Exercise in trot-canter until breathing becomes more intense (ca.10min.):     lunged     ridden

FINDINGS	
• <b>Respiration:</b>	<input type="checkbox"/> NAF
• <b>Coughing:</b>	<input type="checkbox"/> none
• <b>Nasal discharge:</b>	<input type="checkbox"/> none
• <b>Movement:</b>	<input type="checkbox"/> NAF
• <b>Auscultation after exercise:</b>	
<b>Heart</b>	<input type="checkbox"/> NAF
<b>Lungs</b>	<input type="checkbox"/> NAF
• <b>Recovery time:</b>	<input type="checkbox"/> normal (< 5 min) <input type="checkbox"/> slightly prolonged (5-10 min) <input type="checkbox"/> prolonged(>10 min)

Comments:

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**E. Additional examinations**

- Radiographs, \_\_\_\_ images                       No radiographs
- Other examinations:



**Assessment of the examination results**

- During today's examination I did not find any significant health abnormalities.
- During today's examination I found the horse to have the following health abnormalities:

1.
2.
3.
4.
5.
6.

- The mentioned findings (nr: \_\_\_\_\_) do not have a significant clinical relevance. Based on today's examination the purchase of the horse is of minimal risk.
- The mentioned findings (nr : \_\_\_\_\_) may have a significant clinical relevance. Based on today's examination the purchase of the horse is of medium risk.
- The mentioned findings (nr : \_\_\_\_\_) have a significant clinical relevance. Based on today's examination the purchase of the horse is of higher than medium risk.
- For a final medical assesment further examinations are needed: \_\_\_\_\_

\_\_\_\_\_  
Place,date                      Signature: Triin Tohver

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