

Client	Name _____ Phone _____	
	Street address _____ Postal code, city or town _____	
Horse/ Pony	Name Ecuador Combo	
	Registration number/UELN S-21-3286	
	Date of birth 22.6.2021	Breed standard breed
	Sex <input checked="" type="checkbox"/> Stallion/gelding <input type="checkbox"/> Mare	
Horse will be used in	Colour and marks hummel: stjärn, mörkblå, blåfläckad fläck på överläppen	
	Level of training/performing Bay, hb: nt bta med svart fläck i gtt kronanden	
Description	Tattoo/brand marking/microchip 246000026221582	
Earlier diseases, examinations and treatments	Has the horse previously suffered from:	
	<input type="checkbox"/> Accidents <input type="checkbox"/> Colics and intestinal diseases <input type="checkbox"/> Respiratory diseases <input type="checkbox"/> Back and muscle diseases <input type="checkbox"/> Lamenesses <input type="checkbox"/> Hoof diseases <input type="checkbox"/> Skin diseases <input type="checkbox"/> Neurological diseases <input type="checkbox"/> Eye diseases <input type="checkbox"/> Urinary or genital diseases <input type="checkbox"/> Bad habits (cribbing etc...) <input type="checkbox"/> Other diseases _____	
General and clinical examination	Further information _____	
	1 General condition a. Nutritional status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Skinny b. Coat <input checked="" type="checkbox"/> Shiny <input type="checkbox"/> Bad <input type="checkbox"/> Atypical/abnormal c. Mucous membranes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal d. Lymph nodes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal e. Temperament/behaviour normal	
	2. Cardiovascular system Resting heart rate 40 / minute <input type="checkbox"/> No abnormalities <input type="checkbox"/> Abnormal heart rate at rest/after exercise <input type="checkbox"/> Murmur <input type="checkbox"/> Arrythmias	
	3. Respiratory system Respiratory rate 10 / minute Type of respiration _____ <input checked="" type="checkbox"/> No abnormalities <input type="checkbox"/> Abnormal respiratory sound <input type="checkbox"/> Nasal discharge <input type="checkbox"/> Cough by provocation <input type="checkbox"/> Spontaneous cough	
	3a. Respiratory endoscopy (if needed) <input type="checkbox"/> No abnormalities <input type="checkbox"/> Inflammatory symptoms/secretions <input type="checkbox"/> Entrapment <input type="checkbox"/> Vocal cord paralysis <input type="checkbox"/> Dorsal displacement of soft p <input type="checkbox"/> Other _____	
Signature	Place and date of examination Helsinki 6.9. 2022	
	Signature of veterinary surgeon and name in block letters/stamp Ycena Rajamäki	
Veterinary surgeon licence number 1216 FIN		
Phone number and e-mail address 0370 HELSINKI		

General and clinical examination	4 Digestive system <input checked="" type="checkbox"/> No abnormalities <input type="checkbox"/> Abnormal occlusion <input type="checkbox"/> Abnormal intestinal sounds <input type="checkbox"/> Abnormal faeces <input type="checkbox"/> Other _____ Rectal examination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																				
	5 Reproductive organs and urinary system <input checked="" type="checkbox"/> No abnormalities <input type="checkbox"/> Abnormal shape <input type="checkbox"/> Cryptorchidism <input type="checkbox"/> Testicular torsion <input type="checkbox"/> Vaginal discharge <input type="checkbox"/> Other _____																																				
	6 Skin <input checked="" type="checkbox"/> No abnormalities <input type="checkbox"/> Wounds, scars <input type="checkbox"/> Rash/dermatitis <input type="checkbox"/> Warts, skin tumors <input type="checkbox"/> Sores, hyperkeratosis <input type="checkbox"/> Umbilical hernia <input type="checkbox"/> Other _____																																				
	7 Nervous system <input checked="" type="checkbox"/> No abnormalities <input type="checkbox"/> Ataxia <input type="checkbox"/> Abnormal tail tonus <input type="checkbox"/> Abnormal stance <input type="checkbox"/> Other _____																																				
	8 Eyes, ears <input checked="" type="checkbox"/> No abnormalities <input checked="" type="checkbox"/> Examination with focal light <input type="checkbox"/> Ophthalmoscopic examination <input type="checkbox"/> Inflammatory symptoms <input type="checkbox"/> Abnormal eyelid reflex <input type="checkbox"/> Abnormal pupillary reflex <input type="checkbox"/> Opacities corneal scars <input type="checkbox"/> Other _____																																				
	9 Head, neck, back and musculature <input checked="" type="checkbox"/> No abnormalities <input type="checkbox"/> Atypical anatomy (lordosis, scoliosis, asymmetry) <input type="checkbox"/> Muscular wasting/atrophy <input type="checkbox"/> Stiffness, spasticity <input type="checkbox"/> Soreness, pain <input type="checkbox"/> Previous injuries																																				
	10 Limbs <input checked="" type="checkbox"/> No abnormalities <input type="checkbox"/> Atypical limb anatomy <input type="checkbox"/> Mobility/stiffness of joints/extremities <input checked="" type="checkbox"/> Swelling in joint/tendon sheath <input type="checkbox"/> Abnormalities in tendons and ligaments <input type="checkbox"/> Splint <input type="checkbox"/> Asymptomatic old injury *left hock operated one week ago (OD fragment)																																				
	11 Hoofs <input checked="" type="checkbox"/> No abnormalities <input type="checkbox"/> Poor quality, hoof wall separation, thrush <input type="checkbox"/> Asymmetria right/left <input type="checkbox"/> Low heel/flat sole <input type="checkbox"/> Club foot <input type="checkbox"/> Hoof tester sensitivity <input type="checkbox"/> Laminitis changes <input type="checkbox"/> Crack <input type="checkbox"/> Special shoeing, pads																																				
	Further information relating to questions 1-11																																				
	Movements	<table border="1"> <thead> <tr> <th>Leg</th> <th>Walk</th> <th>Trot</th> <th>Lungeing Right circle</th> <th>Left circle</th> <th>Riding/driving (not necessary)</th> </tr> </thead> <tbody> <tr> <td>LF</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>RF</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LH</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>RH</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Leg	Walk	Trot	Lungeing Right circle	Left circle	Riding/driving (not necessary)	LF	0					RF	0					LH	0					RH	0				
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Lameness on scale 0-5 (clinical general examination; movements in walk and trot)																																					
Other examinations <input type="checkbox"/> Separate report																																					
Name of vet who has carried out earlier examinations/treatments																																					
Evaluation / summary of received information and examinations <input checked="" type="checkbox"/> There are no remarkable findings in this horse <input type="checkbox"/> There are findings (in report sections: _____) which may influence on health and/or usefulness of this horse.																																					
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