

Name of the horse	Breed	Colour	Sex
Year of birth	Reg. no.	Chip no.	

Purchaser:

Vendor:

Location of examination: _____

- Routine examination**
- Examination due to clinical symptoms, ref. _____ point on prepurchase examination form**
- With Clinical examination: _____** **Without clinical examination**
- Contemplated use of the horse: _____**

REGIONS AND PROJEKTIONS:

Feet:

1. **LF:** dorsopalmar: _____
 lateromedial: _____
 others: _____
2. **RF:** dorsopalmar: _____
 lateromedial: _____
 others: _____
3. **LH:** dorsopalmar: _____
 lateromedial: _____
 others: _____
4. **RH:** dorsopalmar: _____
 lateromedial: _____
 others: _____

Navicular boone:

- shod unshod packing grid
- DPr-PaDiO PaPr-PaDiO lateromedial

5. **LF:** _____
6. **RF:** _____
- Stifles:**
9. **LH:** caudolateral-craniomedial oblique: _____
 others: _____
10. **RH:** caudolateral-craniomedial oblique: _____
 others: _____

X-ray examination

Hocks:

7. LH: dorsoplantar: _____

lateromedial: _____

dorsolateral-plantaromedial oblique: _____

plantarolateral-dorsonmedial oblique: _____

others: _____

8. RH: dorsoplantar: _____

lateromedial: _____

dorsolateral-plantaromedial oblique: _____

plantarolateral-dorsonmedial oblique: _____

others: _____

11. Back: _____

12. Neck: _____

13. Cervicals: _____

14. Other regions: _____

Conclusion

- No radiological abnormalities found.
- Radiological changes found (cf.item- _____) which are considered unlikely to affect the contemplated use of the horse.
- Radiological changes found (cf.item- _____) which, compared with the clinical examination, are considered unlikely to affect the contemplated use of the horse.

- It cannot be excluded that the radiological findings (cf.item- _____) may have an influence on the contemplated use of the horse.
- Radiological changes found (cf.item- _____), which are considered likely to affect the contemplated use of the horse.
- Radiological changes found (cf.item- _____), the significance of which cannot be evaluated without a clinical examination.

Date: _____ Place: _____

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Veterination's signature and stamp