

# Stallion approval Zangersheide examination report



Client: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip code/ City: \_\_\_\_\_  
Client is present at the exam: Yes / No  
Level of training: \_\_\_\_\_

## Signalment

Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Studbook number: \_\_\_\_\_  
Microchip number: \_\_\_\_\_  
Pedigree: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Coat color: \_\_\_\_\_

Veterinary practice (stamp)

## CONCLUSION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This document is used as a guide,  
it gives no right to the approval of the stallion.  
It is the jury in consultation with the veterinarians who make the  
final decision.

Thus examined and reported by me: \_\_\_\_\_  
Veterinary surgeon in: \_\_\_\_\_  
\_\_\_\_\_

This report can retate only to the appearance  
on the date of examination: \_\_\_\_\_

Signature of client  
\_\_\_\_\_

Signature of examining veterinary surgeon  
\_\_\_\_\_



**General and Clinical examination**

Evidence seen of possible behavioural vices? normal/ abnormal  
 Yes / no  
 conformation and stance normal/ abnormal  
 condition normal/ abnormal  
 skin and coat normal/ abnormal  
 mucous membranes normal/ abnormal  
 lymph nodes normal/ abnormal  
 eyes and eyelids normal/ abnormal  
 The stallion has 2 normal testicles Yes / No

**Respiratory system**

respiratory at rest normal/ abnormal  
 type of respiratory normal/ abnormal  
 spontaneous coughing Yes / No  
 has symptoms of laryngeale hemiplegie Yes / No  
 respiration after exercise normal/ abnormal  
 abnormal sounds Yes / No  
 laryngoscopy Yes / No  
 laryngoscopy findings normal/ abnormal

**Circulatory system**

peripheral circulation normal/ abnormal  
 heart at rest normal/ abnormal  
 heart after exercise normal/ abnormal

**Digestive system (ext. insp.)**

mouth, teeth, tongue normal/ abnormal

**Urogen. System (ext. insp.)**

normal/ abnormal

**Nervous system**

tail tone normal/ abnormal  
 correction reflexes normal/ abnormal  
 coordination normal/ abnormal

**Inspection, palpation and eventual percussion**

head normal/ abnormal  
 neck normal/ abnormal  
 withers normal/ abnormal  
 back normal/ abnormal  
 croup normal/ abnormal  
 left frontlimb normal/ abnormal  
 right frontlimb normal/ abnormal  
 left hindlimb normal/ abnormal  
 right hindlimb normal/ abnormal

**Hooves**

two equal feet Yes / No  
 horn quality normal/ abnormal  
 horn percussion normal/ abnormal  
 hoof shape normal/ abnormal.....higher than.....  
 shoeing no/ front/ complete

**Walk, trot and canter**

\_\_\_\_\_

**Walking on hard surface**  
 straight line normal/ abnormal  
 small circle on the left normal/ abnormal  
 small circle on the right normal/ abnormal

**Trotting on hard surface**  
 straight line normal/ abnormal  
 small circle on the left normal/ abnormal  
 small circle on the right normal/ abnormal

**Trotting on soft surface**  
 straight line normal/ abnormal  
 small circle on the left normal/ abnormal  
 small circle on the right normal/ abnormal

**Cantering on soft surface**  
 small circle on the left normal/ abnormal  
 small circle on the right normal/ abnormal

**Flexion test**

|                 |                           |                              |     |      |
|-----------------|---------------------------|------------------------------|-----|------|
| forced flexion: |                           | Trotting after 1 min flexion |     |      |
| LF              | not sensitive / sensitive | LF                           | - ± | + ++ |
| RF              | not sensitive / sensitive | RF                           | - ± | + ++ |
| LH              | not sensitive / sensitive | LH                           | - ± | + ++ |
| RH              | not sensitive / sensitive | RH                           | - ± | + ++ |

**Radiological examination performed** Yes/ No

Number of X rays

**Assessment of radiographs:**

|                |    |                          |    |                          |
|----------------|----|--------------------------|----|--------------------------|
|                |    | <b>Grading</b>           |    |                          |
| Navicular bone | LF | <input type="checkbox"/> | RF | <input type="checkbox"/> |
| Fetlock joint  | LF | <input type="checkbox"/> | RF | <input type="checkbox"/> |
| Sesamoid bones | LF | <input type="checkbox"/> | RF | <input type="checkbox"/> |
| Tarsal joint   | LH | <input type="checkbox"/> | RH | <input type="checkbox"/> |

|               |    |                          |                          |
|---------------|----|--------------------------|--------------------------|
|               |    | -                        | +                        |
| Fetlock joint | LF | <input type="checkbox"/> | <input type="checkbox"/> |
| Fetlock joint | RF | <input type="checkbox"/> | <input type="checkbox"/> |
| stifle joint  | LH | <input type="checkbox"/> | <input type="checkbox"/> |
| Stifle joint  | RH | <input type="checkbox"/> | <input type="checkbox"/> |
| Tarsal joint  | LH | <input type="checkbox"/> | <input type="checkbox"/> |
| Tarsal joint  | RH | <input type="checkbox"/> | <input type="checkbox"/> |
| Fetlock joint | LH | <input type="checkbox"/> | <input type="checkbox"/> |
| Fetlock joint | RH | <input type="checkbox"/> | <input type="checkbox"/> |

**Radiological exam of other parts/ extra findings:**

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**Other remarks:**

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