



Dear Veterinarian,

Zangersheide organizes several events each year where a veterinary examination is an essential part of the selection criteria. There's the different auctions of foals and adult horses, as well as the stallion approval. Because of the international character of the studbook, the veterinary committee relies on the professional work of their colleagues around the globe. All veterinary reports are reviewed by the veterinary committee of Zangersheide. To be able to evaluate all files correctly, the committee relies on the integrity and professional approach of the individual veterinarians. We invite all veterinarians to review the requested criteria (see attached examination protocols) and to fill in and sign accordingly. Especially in the case of the clinical examination the committee has to be confident about the responsibility and integrity of the performing veterinarian of the exam. The jury and veterinary committee of Zangersheide would like to draw your attention on the stance and hoof conformation. Because of the high value of well balanced stance of the distal limbs and feet in the active athlete, uneven feet and angular limb deformities in a moderate to severe degree are not accepted. Only minimal to mild alterations can be tolerated and are considered in the whole of the quality of the horse. Please evaluate already in detail and note the stance of the feet as part of your clinical examination.

By accepting to perform examinations for Zangersheide the veterinarian accepts to be held responsible for the correctness and reporting on his or her findings in the written and signed report.

In case of any question please don't hesitate to contact us.

Best regards,

Team Zangersheide & Veterinary Team Zangersheide

Record of the clinical examination of a stallion



The performing and undersigning veterinarian of the clinical examination fills in this form in correlation to his/her clinical remarks and will be held responsible for the correct detection and reporting of significant findings.

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1. Owner : _____
 2. Name of Horse : _____ Date of birth : _____
 3. UELN : _____ Chip number : _____
Studbook : _____ PP available : _____
 4. Color : _____ Sire : _____ Dam's Sire : _____
 5. Prior illnesses/operations ☐ none ☐ yes ☐ Explanation by owner submitted
Medications in the last 6 weeks _____
 6. Vaccine protection, entered ☐ yes ☐ Influenza ☐ Herpes ☐ Tetanus
in equine passport ☐ no Other : _____
 7. Witness of the examination : _____

Examination (n.a.f. = no abnormal findings)

- | | | |
|---|---|-----------------|
| 8. Grooming and state of nutrition | <input type="checkbox"/> n.a.f. | Findings: _____ |
| 9. Skin and scars (e.g. scars from operations, umbilical hernia, etc.) | <input type="checkbox"/> n.a.f. | Findings: _____ |
| 10. Head, neck, trunk area;
back-inspection and palpation | <input type="checkbox"/> n.a.f. | Findings: _____ |
| 11. Incisors
Parrot mouth (less than 50% alignment,
with head in normal resting position) | <input type="checkbox"/> n.a.f.
<input type="checkbox"/> no <input type="checkbox"/> yes | Findings: _____ |
| 12. Eyes (in a darkened room) | <input type="checkbox"/> n.a.f. | Findings: _____ |
| 13. Testis consistence right | <input type="checkbox"/> firm-elastic <input type="checkbox"/> soft | |
| left | <input type="checkbox"/> firm-elastic <input type="checkbox"/> soft | |
| Size right <input type="checkbox"/> goose egg <input type="checkbox"/> duck egg | <input type="checkbox"/> chicken egg <input type="checkbox"/> smaller than chicken egg | |
| left <input type="checkbox"/> goose egg <input type="checkbox"/> duck egg | <input type="checkbox"/> chicken egg <input type="checkbox"/> smaller than chicken egg | |

Remarks:

- | | | |
|--|---|-----------------|
| 14. Circulatory and respiratory system at rest
(incl. auscultation) | <input type="checkbox"/> n.a.f. | Findings: _____ |
| 15. Spontaneous coughing | <input type="checkbox"/> not present <input type="checkbox"/> present | |

UELN

16a. Inspection and palpation of limbs	<input type="checkbox"/> FL	<input type="checkbox"/> FR
	<input type="checkbox"/> HL	<input type="checkbox"/> HR
16b. Angular limb deformities	<input type="checkbox"/> no	<input type="checkbox"/> yes, describe: _____
17. Hoof, shape of hoof	<input type="checkbox"/> even	<input type="checkbox"/> uneven, describe: _____
18. Shoeing	<input type="checkbox"/> no	<input type="checkbox"/> front <input type="checkbox"/> hind
Findings: _____		
19a. Examination of walk and trot in hand, straight forward, on hard ground	<input type="checkbox"/> n.a.f.	Findings: _____
19b. Trot in a circle on soft and hard ground on both reins	<input type="checkbox"/> n.a.f.	Findings: _____
19c. Reining back	<input type="checkbox"/> n.a.f.	Findings: _____
19d. Tight turns	<input type="checkbox"/> n.a.f.	Findings: _____
20. Neurological disturbances: Signs of ataxic movements, stringhalt, staggers/shivering	<input type="checkbox"/> no	<input type="checkbox"/> yes, describe: _____
21. Examination while exercising until intensive breathing occurs	<input type="checkbox"/> n.a.f.	Findings: _____
22. Respiratory sound during and after exercise	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal → 22a.
22a. Laryngoscopy with/without sedation	<input type="checkbox"/> synchronous with complete abduction of the arytenoid <input type="checkbox"/> asynchronous with complete abduction of the arytenoid <input type="checkbox"/> asynchronous with incomplete abduction of the arytenoid	

Additional examinations (not mandatory)

Other findings: _____

Laryngoscopy on: _____ Findings: _____

23. Auscultation of heart and lungs after work ☐ n.a.f. Findings: _____

24. WFFS test on: _____

25. Blood specimens for EVA examination on: _____

26. Further examinations: ☐ not done ☐ done Describe: _____

Re-examination necessary ☐ no ☐ yes due to: _____

Date of examination

Name of veterinarian (block letters)

Signature, stamp of veterinarian

X-Ray Record



Name horse: _____

Producer and date of the x-rays: _____

Owner: _____

UELN: _____ Pedigree: _____ Color: _____

Radiographical Views (Minimal requirements)

Front Feet: LateroMedial (90°), Oxspring (DorsoProximal- PalmaroDistal Oblique)(X-rayed without shoes):

Fetlocks: LateroMedial (90°), Dorso-Proximal (0°)

Hocks: LateroMedial (90°), DorsoProximal (0°), DorsoMedial-Plantarolateral (115°), Dorsolateral-PlantaroMedial (45°)

Stifles: LateroMedial Oblique (115°), CaudoCranial

Foot RF : _____

Foot LF : _____

Fetlock RF : _____

Fetlock LF : _____

Fetlock RH : _____

Fetlock LH : _____

Hock Right : _____

Hock Left : _____

Stifle Right : _____

Stifle Left : _____

Comments : _____

Signature : _____ Signature: _____