



ZANGERSHEIDE

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. 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.

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

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

Remarks:

14. Prepuce, scrotum n.a.f. Peculiarities: _____
15. Circulatory and respiratory system at rest (incl. auscultation) n.a.f. Peculiarities: _____
16. Spontaneous coughing not present present



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UELN

17. Inspection and palpation of limbs	<input type="checkbox"/> FL	<input type="checkbox"/> FR
	<input type="checkbox"/> HL	<input type="checkbox"/> HR
18. Posture, hoof, shape of hoof	<input type="checkbox"/> n.a.f.	Peculiarities: _____
19. Shoeing	<input type="checkbox"/> no	<input type="checkbox"/> front <input type="checkbox"/> hind
	Peculiarities: _____	
20a. Examination of walk and trot in hand, straight forward, on hard ground	<input type="checkbox"/> n.a.f.	Peculiarities: _____
20b. Trot in a circle on soft and hard ground on both reins	<input type="checkbox"/> n.a.f.	Peculiarities: _____
20c. Reining back	<input type="checkbox"/> n.a.f.	Peculiarities: _____
20d. Tight turns	<input type="checkbox"/> n.a.f.	Peculiarities: _____
21. Neurological disturbances: Signs of ataxic movements, stringhalt, staggers/shivering	<input type="checkbox"/> no	<input type="checkbox"/> yes
22. Examination while exercising until intensive breathing occurs	<input type="checkbox"/> n.a.f.	Peculiarities: _____
23. Respiratory sound during and after exercise	<input type="checkbox"/> no	<input type="checkbox"/> inspiratory <input type="checkbox"/> expiratory
23a. Laryngoscopy with/without sedation	<input type="checkbox"/> Synchronous with complete abduction of the arytenoid	
	<input type="checkbox"/> Asynchronous with possible complete abduction of the arytenoid	
	<input type="checkbox"/> Asynchronous with permanent incomplete abduction of the arytenoid	

Executed or not?

Other findings: _____

2nd laryngoscopy on _____ Findings: _____

24. Auscultation of heart and lungs after work	<input type="checkbox"/> n.a.f.	Peculiarities: _____
25. Blood specimens for EVA examination on:	_____	
26. Further examinations:	<input type="checkbox"/> done	<input type="checkbox"/> result <input type="checkbox"/> not done
Re-examination necessary	<input type="checkbox"/> no	<input type="checkbox"/> yes due to: _____

Date of examination

Name of veterinarian (block letters)

Signature, stamp of veterinarian

X-Ray Record



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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):

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

Hocks: LateroMedial (90°), DorsoProximal (0°), DorsoMedial-PlantaroLateral (115°), DorsoLateral-PlantaroMedial (45°)

Stifles: LateroMedial Oblique (115°), CaudoCranial

(X-rayed without shoes, with projection of the fetlock joint, including sesamoid bones!)

Foot RF : _____

Foot LF : _____

Fetlock RF : _____

Fetlock LF : _____

Fetlock RH : _____

Fetlock LH : _____

Hock Right : _____

Hock Left : _____

Stifle Right : _____

Stifle Left : _____

Comments : _____

Signature : _____ Signature: _____
(Veterinarian) *(Zangersheide Official Vet.)*