

Check a cross

N: Normal

S: Suspect

A: Abnormal

NR: Not Realized

Horse's name: Stakkato Gold x Calina

Identification number:

| Clinical examination report                                                                                                                   |   |   |   |    |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|----|--------------|
| Examinations                                                                                                                                  | N | S | A | NR | Observations |
| <b>At rest</b>                                                                                                                                |   |   |   |    |              |
| - general condition                                                                                                                           | X |   |   |    |              |
| - Symmetry                                                                                                                                    | X |   |   |    |              |
| - Limbs                                                                                                                                       | X |   |   |    |              |
| - State of the mucous membranes                                                                                                               | X |   |   |    |              |
| - State of the mouth and teeth                                                                                                                |   |   |   |    |              |
| - State of the coat                                                                                                                           |   |   |   |    |              |
| - State of the musculoskeletal system                                                                                                         | X |   |   |    |              |
| - Vertebral axis                                                                                                                              | X |   |   |    |              |
| - Apparent blemish                                                                                                                            | X |   |   |    |              |
| - Cardiac auscultation                                                                                                                        |   |   |   |    |              |
| Number of pulses / minute <i>36 / min</i>                                                                                                     | X |   |   |    |              |
| - Examination of apparent vascular pathways                                                                                                   | X |   |   |    |              |
| - Pulmonary auscultation                                                                                                                      |   |   |   |    |              |
| <b>At the effort</b>                                                                                                                          |   |   |   |    |              |
| - Paces (suppleness, cadence, ground covering, path)                                                                                          | X |   |   |    |              |
| - Paces examination                                                                                                                           |   |   |   |    |              |
| <b>On hard ground</b>                                                                                                                         |   |   |   |    |              |
| - trot in a straight line                                                                                                                     | X |   |   |    |              |
| - trot on the right hand circle                                                                                                               | X |   |   |    |              |
| - trot on the left hand circle                                                                                                                | X |   |   |    |              |
| <b>On soft ground</b>                                                                                                                         |   |   |   |    |              |
| - trot on the right hand circle                                                                                                               | X |   |   |    |              |
| - canter on the right hand circle                                                                                                             | X |   |   |    |              |
| - trot on the left hand circle                                                                                                                | X |   |   |    |              |
| - canter on the left hand circle                                                                                                              | X |   |   |    |              |
| <b>Bending test:</b> - Right anterior end                                                                                                     | X |   |   |    |              |
| - Left anterior end                                                                                                                           | X |   |   |    |              |
| - Stifle - Hock right posterior                                                                                                               | X |   |   |    |              |
| - Stifle - Hock left posterior                                                                                                                | X |   |   |    |              |
| <b>Navicular test (plank test):</b> - Right anterior                                                                                          | X |   |   |    |              |
| - Left anterior                                                                                                                               | X |   |   |    |              |
| <b>After the effort</b>                                                                                                                       |   |   |   |    |              |
| - Cardiac auscultation                                                                                                                        |   |   |   |    |              |
| Number of pulses / minute <i>88 / min</i>                                                                                                     | X |   |   |    |              |
| - After 10 minutes <i>38 / min</i>                                                                                                            | X |   |   |    |              |
| - Pulmonary auscultation                                                                                                                      | X |   |   |    |              |
| - State of the musculoskeletal system                                                                                                         | X |   |   |    |              |
| - Vertebral axis                                                                                                                              | X |   |   |    |              |
| <b>Ophthalmological examination</b>                                                                                                           | X |   |   |    |              |
| <b>Vaccination:</b> Influenza <input checked="" type="checkbox"/> Tetanus <input checked="" type="checkbox"/> Rabies <input type="checkbox"/> |   |   |   |    |              |
| Date: <i>23.02.25</i> Date: <i>23.02.25</i> Date:                                                                                             |   |   |   |    |              |
| Rhinopneumonia <input type="checkbox"/> Other: <input type="checkbox"/>                                                                       |   |   |   |    |              |
| Date:                                                                                                                                         |   |   |   |    |              |
| Possible additional examinations:                                                                                                             |   |   |   |    |              |
| Other observations:                                                                                                                           |   |   |   |    |              |

A radiographic examination was carried out using ..... identified X-Ray images

Exam done on July 10th 2025

Veterinarian's stamp

**Dott. GIAMPAOLO MAINI**

MEDICO VETERINARIO

Via Baricorda, 29 - Tel. 348.7480648

44124 QUARTESANA (FE)

USL 31 - FE Iscr. Albo n° 269 FE

Signature:

*Roberto*

Page 2/2