



Certificate of veterinary examination for horses



Information about the horse given to the Veterinary Surgeon

Name of owner/vendor AB LARALEKA Phone No of owner _____
Address of owner SVÄRDÖ 5 Postal code 61199 Town/City TYSBERGA
Name of purchaser _____ Information provider _____
Examination requested by _____ Name of people present _____
Purpose of examination! _____ Price of the horse (inc VAT) ONLINE AUCTION
Previous use of the horse TRAINING Intended use of the horse TRAINING
Name of the horse NILA LEKA Breed TROTTEUR Sex F
Age by documentation/~~dentition~~ (delete as appropriate) 2 40

Identification of the horse

When the identity of the horse is confirmed from the passport, the identification should be noted and signed in the passport by the examining Veterinary Surgeon.

Brands or microchips 722 098 700 005 267 Passport No 722 002 115 23 2 484
Identification by markings other than brands or microchips enclosed appendix No SIRE NUMBER 50 495 338 X

Instructions for the examining Veterinary Surgeon

Clinical examination

Nothing abnormal detected = NAD

Mark box with X = examination completed
Mark box with - = examination omitted!

☒ Completed
☐ Omitted

- 1) General attitude NAD 2) Body Condition NAD
3) Conformation OFF SET FRONT LIMBS MOSTLY RIGHT LIMB
4) Examination of the muscular skeletal system: incl. back, palpation of skeleton, joints, tendons and muscles.
A CANON BONE SURD RIGHT FORE LIMB EXTERNAL. NO PAIN AT PALPATION.
5) Examination of muscular skeletal system at walk and trot on straight line, note type of surface NAD - HARD GROUND
6) Lungeing, note type of surface NOT DONE
7) Flexion tests ☒ Full limb flexion ☒ Proximal or distal limb flexion ☒ Toelheel elevators
BOTH FORE LIMBS FLEXION TESTS: RIGHT FORE LIMBS: 0,5/5 POSITIVE
LEFT FORE LIMBS: 0/5 POSITIVE
8) Hooves, note type of shoes FORE FEET: HALF SHOE + PLATES
HIND FEET: NORMAL SHOE.
9) Nervous system ☒ Posture and movements ☒ Neurological Examination
NAD
10) Skin and coat NAD
11) Ears NAD

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Vétérinaire n° ordre 17728
CHVE de Livet 14140 Livarot

Clinical examination continued

Name of the horse NILA LEKA

12) Cardiovascular system ☒ Auscultation of heart at rest ☒ Peripheral pulse ☒ Jugular veins
NAD

13) Respiratory system ☒ Auscultation of lungs ☒ Cough reflex ☒ Respiration during exercise
NAD

14) Eyes ☒ Focal light ☐ Ophthalmoscopic examination
NAD

15) Examination of mucus membranes and lymph nodes NAD

16) Examination of mouth and teeth ☒ General inspection ☐ Focal light ☐ Examination using mouth gag
NAD (JUST OPEN THE LIPS)

17) Examination of abdomen and gastrointestinal system NAD (EXTERNAL)

18) Examination of external urogenitalia NAD EXTERNAL

19) Behaviour and attitude during the examination NAD

Additional examinations or tests

☐ 20) Radiographic examinations ☐ 21) Ultrasound examination ☐ 22) Endoscopy of airways ☐ 23) Riding or driving test
☐ 24) Gynecology examination ☐ 25) Blood analysis ☐ 26) Other tests

Additional information/remarks

VACCINATIONS OK.

General opinion

On the basis of the above examinations and given information the horse described above has:

- ☐ nothing abnormal detected
- ☒ remarks (paragraph 7-4-3) which are not likely to prejudice this animal for its intended use
- ☐ remarks (paragraph) which may prejudice this animal for its intended use
- ☐ remarks (paragraph) where clinical significance can not be determined at the time of the examination
- ☐

Recommendations/comments

This certificate is only valid to the owner and purchaser as stated above. The liability of the examining veterinarian is limited to the price of the horse stated above and to a maximum of two base amounts.

Place of Examination LE RESNE Date of Examination 05/08/25
HAUGE FRANCE

Veterinary Surgeons signature [Signature]

Printed name of Veterinary Surgeon Dr. Valérie DELA

Taken part of the the certificate

Purchaser _____ Vendor _____

Veterinary Surgeon's stamp & Contact details

Dr Valérie DELAVENNA
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