



# 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 SVÄRDÖBRO 5 Postal code 61 199 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 NICE LEKA Breed Trotteur Sex F  
Age by documentation/~~dentition~~ (delete as appropriate) 2 years old.

## 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 250 258 709 142 136 Passport No \_\_\_\_\_  
Identification by markings other than brands or microchips enclosed appendix No SIRE N° : 50 495 399W

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 NAD  
4) Examination of the muscular skeletal system: incl. back, palpation of skeleton, joints, tendons and muscles.  
NAD  
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  
FORE LIMBS FLEXION TESTS : RIGHT FORE : 0,5/5 pos. hve.  
LEFT FORE : 0,5/5 pos. hve.  
8) Hooves, note type of shoes HALF SHOE + plate. FORE LIMBS  
NORMAL SHOE : HIND LIMB  
9) Nervous system ☒ Posture and movements ☐ Neurological Examination  
NAD  
10) Skin and coat NAD  
11) Ears NAD

Dr. Valérie DELAVENNA  
Vétérinaire n° ordre 17728  
CHVE de Livet 14140 Livarot



**Clinical examination continued**

Name of the horse NICE LEKA

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

LIGHT CARDIAC MURMUR GRADE 1 (DIASTOLIC) -  
DISAPPEAR WHEN HEART BEAT RATE INCREASE.

- 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 12) 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 RESNAIL Date of Examination 05/08/25

Veterinary Surgeons signature [Signature]

Printed name of Veterinary Surgeon Dr Valérie DELAVENNA

Taken part of the the certificate

Purchaser \_\_\_\_\_ Vendor \_\_\_\_\_

Veterinary Surgeon's stamp & Contact details

Dr Valérie DELAVENNA  
Vétérinaire n° ordre 17728  
CHVE de Livet 14140 Livarot

Issued by Swedish Veterinary Association F144

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