

Clinical and x-ray exam

Executed on: *12.2.2026* Date of birth: *12.4.2023*
 Horse: *Coudor Champ VR Z* Sex: *Stallion*
 Chipnumber: *981100006061906* Color: *Brown*

Clinical exam:

External inspection:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
General impression:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Auscultation heart and lungs:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Inspection:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Palpation:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Shoeing:	<input checked="" type="radio"/> No significant abnormalities <i>Front Shoes</i>	<input type="radio"/> Remarks _____
Walk straight line:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Trot hard surface straight-line:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Trot hard surface right-circle:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Trot hard surface left-circle:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Trot soft surface right-circle:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Trot soft surface left-circle:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Galop soft surface right-circle:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Galop soft surface left-circle:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Flexion test RF:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Flexion test LF:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Flexion test RH:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Flexion test LH:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____
Other remarks important for sale:	<input checked="" type="radio"/> No significant abnormalities	<input type="radio"/> Remarks _____