

## Stutenuntersuchung Vet+ / Mare examination Vet+

Protokoll dient nur der internen Verwendung zwischen Tierarzt und Hannoveraner Verband für die Vergabe der Prämie vet+  
*Protocol is only for internal use between the veterinarian and the Hannoveraner Verband for the award of the Premium Vet+.*

Eigentümer: <i>Owner:</i>	Lebensnummer/UELN: <i>Life number/UELN:</i>	
Name: <i>Name:</i>	Geboren: <i>Date of birth:</i>	Farbe: <i>Color:</i>
Vater: <i>Sire:</i>	Muttervater: <i>Dam sire:</i>	

### Röntgenuntersuchung / X-ray examination

Hersteller der Aufnahmen / X- ray producer: \_\_\_\_\_ Datum / Date: \_\_\_\_\_

(o.b.B. = ohne besonderen Befund; R = Risiko, without s.f. = without specific findings)

VL Oxspring u. Fesselgelenk 0° <i>(LF navicular /fetlock d-p)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
VR Oxspring u. Fesselgelenk 0° <i>(RF navicular /fetlock d-p)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
VL Zehe 90° <i>(LF toe and pastern lat-med)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
VL Fesselgelenk 90° <i>(LF fetlock lat-med)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
VR Zehe 90° <i>(RF toe and pastern lat-med)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
VR Fesselgelenk 90° <i>(RF fetlock lat-med)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
HL Zehe 90° <i>(LH toe, pastern and fetlock lat-med)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
HR Zehe 90° <i>(LH toe, pastern and fetlock lat-med)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
L Sprgg. 0° / 70° / 115° <i>(L hock)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
R Sprgg. 0° / 70° / 115° <i>(R hock)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
L Knie 90-115° <i>(L stifle lat-med)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
L Knie 180° <i>(L stifle caudo-cranial)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
R Knie 90-115° <i>(R stifle lat-med)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>
R Knie 180° <i>(R stifle caudo-cranial)</i>	_____	o.b.B.	<input type="checkbox"/>
	_____	<i>without s.f.</i>	<input type="checkbox"/>

Die Stute weist keine gelenksnahen Zysten auf. / *The mare has no cysts near the joints.*

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 (Unterschrift Fachtierarzt / *Signature veterinary specialist*)