

X-Ray Record

Sending veterinarian, stamp

Cat. No. Stallion pre-selection _____

Producer and date of the x-rays: _____

Owner: _____

Life no.: _____ **Pedigree:** _____ **Color:** _____

Oxspring view: dorsopalmar oblique, front left (German: v.l. Oxspring):

Oxpring view: dorsoplantar-palmarodistal projection, front right (German: v.r. Oxspring):

(X-rayed without shoes, with projection of the fetlock joint, including sesamoid bones!)

LF fetlock 90°: _____

RF fetlock 90°: _____

LF coffin joint 90°: _____

RF coffin joint 90°: _____

LH 90°: _____

RH 90°: _____

Left hock 0 °: _____

Right hock 0 °: _____

Left hock 45 °: _____

Right hock 45 °: _____

Left hock 115° : _____

Right hock 115° : _____

Left stifle joint 110 °: _____

Right stifle joint 110 °: _____

Left stifle joint 180°: _____

Right stifle joint 180°: _____

Comments: _____

Signature: _____
(Veterinarian)

Signature: _____
(Oldenburg Official Vet.)