

LOSS OF USE EXAMINATION

Name of Owner: _____ Name of Horse: _____

normal

any abnormal findings

Body Condition: _____

Eyes: _____

Upper Airway following exercise-
Clinical: _____
Endoscopically: _____

Examination for lameness at a walk
& trot in a straight line & small circles
in both directions on a hard surface: _____

Inspection of Stifles: _____

Fixation of the Patella: L not possible _____ possible _____
R not possible _____ possible _____

| | Flexion Tests | | Palpation of the Limbs Normal? | | Response to Hoof Testers Normal? | |
|----------------|---------------|-------|--------------------------------|-------|----------------------------------|-------|
| | neg. | pos. | yes | no | yes | no |
| Left forelimb | _____ | _____ | _____ | _____ | _____ | _____ |
| Right forelimb | _____ | _____ | _____ | _____ | _____ | _____ |
| Left hindlimb | _____ | _____ | _____ | _____ | _____ | _____ |
| Right hindlimb | _____ | _____ | _____ | _____ | _____ | _____ |

Comment on positive flexions or abnormal findings:

Radiographs of the navicular bones, the proximal sesamoid bones, the fetlock joints and the tarsal joints were evaluated whereby the radiograph findings are described in four categories: 1(good), 2(satisfactory), 3(moderate), and 4(unacceptable).

ASSESSMENT OF RADIOGRAPHS:

Navicular bones LF _____ RF _____
Proximal sesamoid bones LF _____ RF _____
Fetlock joints LF _____ RF _____
Tarsal joints LH _____ RH _____

Provide details of any degenerative changes, bone spurs, chips, or osteochondrosis seen on any radiographs taken:

Results of blood samples taken for investigation of banned substances or nsaid: _____

Are you aware of any history of unsoundness, injury or disease on this horse? _____

Other findings or remarks: _____

Signature of Veterinarian

Date of Exam

Address

Phone Number