LOSS OF USE EXAMINATION

Name of Horse _____ Age _____ Breed _____ Intended Use _____

	Normal	Any Abnormal Findings
Body Condition:	_____	_____
Eyes:	_____	_____
Upper Airway Following Exercise Clinically:	_____	_____
Endoscopically:	_____	_____
Palpation of Back:	_____	_____
Examination for lameness at a walk and trot in a straight line and 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 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 radiographic 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 nsaids: _____

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

[5/00]