

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