



## Loss of Use Examination

*Form should be completed by a licensed veterinarian.*

*We also require a pre purchase exam regardless of date performed.*

Horse Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Examination	Normal	Any Abnormal Findings
Body Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Upper Airway following exercise:		
Clinical	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Endoscopically	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Palpation of Back	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Examination for lameness at a walk and trot in a straight line and small circles in both directions on a hard surface	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Inspection of Stifles	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fixation of patella		
Left	<input type="checkbox"/> Not possible	<input type="checkbox"/> Possible
Right	<input type="checkbox"/> Not possible	<input type="checkbox"/> Possible
Flexion Tests	Palpation of Limbs Normal?	Response to Hoof Tests Normal?
Left forelimb <input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right forelimb <input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Left hindlimb <input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right hindlimb <input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment on positive flexions or abnormal findings		

**Assessment of Radiographs** *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).*

		1	2	3	4		1	2	3	4
Navicular bone	LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximal sesamoid bones	LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock joints	LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tarsal joints	LH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Have any radiographs been performed on the neck or spine?  Yes  No

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