

**Great American Insurance
LOSS OF USE EXAMINATION**

NAME OF HORSE _____ AGE _____ BREED _____ INTENDED USE _____

normal _____ any abnormal findings _____

Body Condition: _____

Eyes: _____

Upper Airway following exercise-
Clinical: _____
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 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 _____