



Georgia Walker & Associates, Inc.

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LOSS OF USE EXAMINATION

Name of Horse: _____ Age: _____ Breed: _____ Intended Use _____

GENERAL and CLINICAL EXAM:

	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: _____

Veterinarian's Signature: _____

Date of exam _____

Address _____

Phone Number _____