

PRACTICE: _____
ADDRESS: _____

PHONE: _____



Report of Radiographic Findings

Doctor: _____ Date: _____ Sale: _____
Hip # _____ Name: _____ Location: _____
Client/Consignor: _____

INTERPRETATION: Note: NSA = no significant abnormalities

Left Front Fetlock: _____

Right Front Fetlock: _____

Left Carpus: _____

Right Carpus: _____

Left Hind Fetlock: _____

Right Hind Fetlock: _____

Left Tarsus: _____

Right Tarsus: _____

Left Stifle: _____

Right Stifle: _____

Additional Comments: _____

I (do__) (do not__) have direct financial interest in all or any part of this horse.

This report and the findings contained herein are solely for the addressee and may not be used or relied upon by any other person or entity without the express written consent of _____. The interpretation of radiographs and findings may vary with the examiner, the type of examination requested, method of examination and a horse's changing condition. This is a report of the undersigned's findings, based on the type of examination requested by the addressee, on the date indicated. This report is limited to the findings contained herein and no other findings or opinions should be inferred beyond those expressly set forth herein. This report does not constitute a warranty or guarantee of any kind. This report is for use on horses intended for public auction while meeting the requirements of repositories currently in operation. It is not intended to be all inclusive but is meant to supply a workable format of reporting.

Read by: _____