|           | Veterinarian/Clinic Name |
|-----------|--------------------------|
|           | Address:                 |
| Your logo | Phone:                   |
|           | Email:                   |
|           |                          |

## PRE PURCHASE EXAMINATION

This examination is solely intended to assist a prospective purchaser. This examination is done at the request and expense of the prospective purchaser, and is intended only for use by the said prospective purchaser. All exam findings recorded by the examiner are based on his/her opinion, to the best of his/her knowledge and upon information available at the time of the exam. Many medical or musculoskeletal conditions are difficult to diagnose or may go unrecognized on a routine Pre-Purchase Examination. If the horse has been ridden at the level and intensity for which it is being purchased, many of these conditions can be recognized or ruled out. Neither the examiner nor the report based on the examination make any representations concerning purchase price, value, use by a particular rider, suitability or rideabilty of the horse being examined. Any decision concerning purchase of the horse is solely the responsibility of the prospective purchaser.

| Print Name:                     | Date:                        |
|---------------------------------|------------------------------|
| Signature:                      |                              |
|                                 |                              |
| Purchaser:                      | Seller Agent/Representative: |
| Name:                           | Name:                        |
| Address:                        | Address:                     |
| Phone:                          | Phone:                       |
| Email:                          | Email:                       |
|                                 |                              |
| Purchaser Agent/Representative: | Purchaser's Veterinarian:    |
| Name:                           | Name:                        |
| Address:                        | Address:                     |
| Phone:                          | Phone:                       |
| Email:                          | Email:                       |
|                                 |                              |
| Seller:                         |                              |
| Name:                           |                              |
| Address:                        |                              |
| Phone:                          |                              |
| Email:                          |                              |

| Registered Name:          |                              |
|---------------------------|------------------------------|
|                           |                              |
|                           | Current use:                 |
| Date/Time of Examination: |                              |
| Age:                      | Intended use:                |
| Color:                    |                              |
| Breed:                    | Examined at:                 |
| Sex:                      |                              |
| Height:                   | Parties Present:             |
| Weight:                   |                              |
| Microchip #:              |                              |
| Purchaser's concerns:     |                              |
| Examination conditions:   |                              |
|                           |                              |
| Identification:           |                              |
|                           |                              |
|                           |                              |
|                           |                              |
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|                           |                              |
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|                           |                              |
|                           | Identification pictures here |
|                           |                              |
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|                           |                              |
|                           |                              |
|                           |                              |

## KEY: **Physical Examination:** WNL = Within normal limits Registered Name: NSF = No significant findings N = NormalTemp: F N/E = Not examined**HR:** \_\_\_\_\_ bpm N/A = Not applicable**RR:\_\_\_\_\_** rpm MM: CRT:\_\_\_\_ sec Body weight and condition: **Body Score:** 3 5 10 Integument/Skin: Cardiovascular Exam (At Rest/Pre-Exercise): Normal <sup>∐</sup> Normal Abnormal Abnormal Not Performed Not Performed **Abnormalities Abnormalities** Scars/Wounds/Other: \_\_\_\_\_ Heart Rate: Comments/Description/Location: Rhythm: Murmur: \_\_\_\_\_ Surgical Scar: Jugular Veins patent: Left: \_\_\_\_\_ Right: Laryngoplasty Ventriculectomy Comments: Laparotomy Medial Patellar desmotomy (L/R) Neurectomy Respiratory Exam (At Rest/Pre-Exercise): <sup>∐</sup> Normal Abdominal/Colic Abnormal Not Performed Comments/Description/Location: **Abnormalities** Respiratory Rate: Sarcoids: Yes No Location:\_\_\_\_\_ Melanomas: Yes No Lung auscultation: Location: Summer Sore: Yes No Location: \_\_\_\_\_ Rebreathing: Comments:\_\_\_\_\_ Mass (Unknown Etiology) \_\_\_\_\_ Comments/Description/Location:

| G.I. Exam:                                       | Ophthalmic Exam:                                  | :             |
|--|---|---------------|
| Normal   | ☐ Normal  |               |
| Abnormal   | Abnormal  |               |
| Not Performed                                    | Not Performed                                     |               |
| Abnormalities                                    | Abnormalities                                     |               |
| Left Abdomen:                                    | Left Eye:   | Right Eye:    |
| Right Abdomen:                                   | Dazzle:   | Dazzle:       |
| Celiotomy/Colic Scar: Yes No                     | PLR:  | PLR:          |
| Comments:  | Menace:   | Menace:       |
|  | Cornea:   | Cornea:       |
| Feces/Urination:                                 | Iris:   | Iris:         |
| Normal   | Pupil:  | Pupil:        |
| Abnormal   | Lens:   | Lens:         |
|  | Retina:   | Retina:       |
| Not Observed                                     | Palpebral:  | Palpebral:    |
| Abnormalities                                    | Third eyelid:                                     | Third eyelid: |
| Comments:  | Comments:   |               |
| Oral Examination:  Normal Abnormal Not Performed | Urogenital/Perinea  Normal Abnormal Not Performed | al Exam::     |
|  | Abnormalities                                     |               |
| Abnormalities                                    | Conformation:                                     |               |
| Bite:  | <br>Tail tone:                                    |               |
| Arcades:   | Anal tone:  |               |
| Incisors:  | Scrotum: Castration Sca                           |               |
| Wolf Teeth:                                      |   |               |
| TMJ Excursion/Reactivity:                        |   |               |
| Routine Dental Care Needed: Yes No               | Oominicitis                                       |               |
| Comments:  |   |               |

| Nervous system:                                | Conformation:         |
|--|-----------------------|
| Normal   | Normal                |
| Abnormal                                       | Abnormal              |
| ☐ Not Performed                                | Not Performed         |
| Abnormalities                                  | Abnormalities         |
| Cranial Nerves:                                | EF:                   |
| Neck Flexion::                                 | RF:                   |
| Placing::                                      | LH:                   |
| Abduction::                                    | RH:                   |
| Backing::                                      | Other:                |
| Tail Sway::                                    | _                     |
| Small/Tight Circles::                          | Comments:             |
| Evidence of palmar digital neurectomy:  Yes No |                       |
| Comments:                                      | Neck: Normal Abnormal |
| Demeanor:                                      | ☐ Not Performed       |
| Normal   |                       |
| Abnormal                                       | Abnormalities         |
| ☐ Not Observed                                 | Symmetry:             |
|  | Muscling:             |
| Abnormalities:                                 | _ Palpation:          |
|  | Lateral flexion:      |
|  | Left:                 |
| Comments:                                      | Right:                |
|  | Other:                |
| Musculoskeletal Exam:                          | Comments:             |
| ☐ Not Performed/Not Requested                  |                       |
| Comments if not performed:                     | _                     |

| Deale                                   | Comments:                                     |
|---|---|
| Back:                                   |   |
| Normal                                  | Clute at Museule su                           |
| ☐ Abnormal                              | Gluteal Muscles:                              |
|   | <ul><li>☐ Normal</li><li>☐ Abnormal</li></ul> |
| Abnormalities                           | Not Performed                                 |
| Symmetry:                               |   |
| Muscling:                               | Abnormalities:                                |
| Palpation:                              | Left:   |
| Flexions:                               | Right:  |
| Lateral Flexion Left:                   | Other:  |
| Lateral Flexion Right:                  | Comments:                                     |
| Dorsal Flexion:                         | <u> </u>                                      |
| Dorsal Extension:                       | <u> </u>                                      |
| Prominent T-L Dorsal Spinous Processes: | <u> </u>                                      |
| Other:                                  | _   |
|   |   |
| Comments:                               |   |
|   | <u> </u>                                      |
| Pelvis/Hindquarters:                    |   |
| Normal                                  |   |
| Abnormal                                |   |
|   |   |
| Not Performed                           |   |
| Symmetry:                               |   |
| Symmetrically muscled: Yes No           |   |
| Tuber sacrale symmetrical Yes No        |   |
| Tuber coxae symmetrical: Yes No         |   |
|   |   |
| Comments:                               |   |
|   |   |
| Conveiling                              |   |
| Sacroiliac:                             |   |
| ☐ Normal                                |   |
| ☐ Abnormal                              |   |
|   |   |
| Alaman and a liking a                   |   |
| Abnormalities:                          | <u> </u>                                      |

Other:\_\_\_\_

## **Passive Exam:**

| Left Front:                               | Right Front:                             |
|---|--|
| General Palpation:                        | General Palpation:                       |
| Normal                                    | Normal                                   |
| Abnormal                                  | Abnormal                                 |
| Not Performed                             | Not Performed                            |
| Abnormalities                             | Abnormalities                            |
| Shoulder:                                 | Shoulder:                                |
| Elbow:                                    | Elbow:                                   |
| Carpus:                                   | Carpus:                                  |
| Metacarpus/Splints:                       | Metacarpus/Splints:                      |
| Fetlock:                                  | Fetlock:                                 |
| Digital Sheath:                           | Digital Sheath:                          |
| Pastern:                                  | Pastern:                                 |
| Coffin Joint:                             | Coffin Joint:                            |
| Hoof:                                     | Hoof:                                    |
| Other:                                    | Other:                                   |
| Comments:                                 | Comments:                                |
| Joint/Synovial Effusion:                  | Joint/Synovial Effusion:                 |
| Normal                                    | Normal                                   |
| Abnormal                                  | Abnormal                                 |
| ☐ Not Performed                           | ☐ Not Performed                          |
| Carpus: None Mild Moderate Severe         | Carpus: None Mild Moderate Severe        |
| Digital Sheath: None Mild Moderate Severe | Digital Sheath None Mild Moderate Severe |
| Fetlock: None Mild Moderate Severe        | Fetlock: None Mild Moderate Severe       |
| Coffin Joint: None Mild Moderate Severe   | Coffin Joint: None Mild Moderate Severe  |
| Other:                                    | Other:                                   |
| Comments:                                 | Comments:                                |
| Tendons/Ligaments:                        | Tendons/Ligaments:                       |
| Normal                                    | Normal                                   |
| Abnormal                                  | Abnormal                                 |
| Not Performed                             | Not Performed                            |
| Abnormalities                             | Abnormalities                            |
| SDFT:                                     | SDFT:                                    |
| DDFT:                                     | DDFT:                                    |
| Check Ligament:                           | Check Ligament:                          |
| Suspensory Ligament:                      | Suspensory Ligament:                     |
| Lateral Suspensory Branch:                | Lateral Suspensory Branch:               |
| Medial Suspensory Branch:                 | Medial Suspensory Branch:                |
| Pastern Ligaments:                        | Pastern Ligaments:                       |
| Other:                                    | Other:                                   |
| Comments                                  | Commonts                                 |

| Left Hind:                              | Right Hind:                             |
|---|---|
| General Palpation:                      | General Palpation:                      |
| Normal                                  | Normal                                  |
| Abnormal                                | Abnormal                                |
| Not Performed                           | Not Performed                           |
| Abnormalities                           | Abnormalities                           |
| Hip:                                    | Hip:                                    |
| Stifle:                                 | Stifle:                                 |
| Hock:                                   | Hock:                                   |
| Metacarpus/Splints:                     | Metacarpus/Splints:                     |
| Fetlock:                                | Fetlock:                                |
| Digital Sheath:                         | Digital Sheath:                         |
| Pastern:                                | Pastern:                                |
| Coffin Joint:                           | Coffin Joint:                           |
| Hoof:                                   | Hoof:                                   |
| Other:                                  | Other:                                  |
| Comments:                               | Comments:                               |
| Joint/Synovial Effusion:                | Joint/Synovial Effusion:                |
| Normal                                  | Normal                                  |
| Abnormal                                | Abnormal                                |
| ☐ Not Performed                         | ☐ Not Performed                         |
| Stifle MFTJ: None Mild Moderate Severe  | Stifle MFTJ: None Mild Moderate Severe  |
| FPJ: None Mild Moderate Severe          | FPJ: None Mild Moderate Severe          |
| Fetlock: None Mild Moderate Severe      | Fetlock: None Mild Moderate Severe      |
| Hock TCJ: None Mild Moderate Severe     | Hock TCJ: None Mild Moderate Severe     |
| Fetlock: None Mild Moderate Severe      | Fetlock: None Mild Moderate Severe      |
| Coffin Joint: None Mild Moderate Severe | Coffin Joint: None Mild Moderate Severe |
| Other:                                  |   |
| Comments:                               | Otner:                                  |
| Tendons/Ligaments:                      | Tendons/Ligaments:                      |
| Normal                                  | Normal                                  |
| Abnormal                                | Abnormal                                |
| Not Performed                           | Not Performed                           |
| Abnormalities                           |   |
|   | Abnormalities                           |
| SDFT:DDFT:                              | SDFT:<br>DDFT:                          |
| Check Ligament:                         | Check Ligament:                         |
| Suspensory Ligament:                    | Suspensory Ligament:                    |
| Lateral Suspensory Branch:              | Lateral Suspensory Branch:              |
| Medial Suspensory Branch:               | Medial Suspensory Branch:               |
| Pastern Ligaments:                      |   |
| Other:                                  | Pastern Ligaments:                      |
| Comments:                               | Other:                                  |
| O O O O O O O O O O O O O O O O O O O   | VARIABLES.                              |

| HOOT Examination:                               | Weakness/At       | axia               |        |   |    |       |      |              |
|---|-------------------|--------------------|--------|---|----|-------|------|--------------|
| Hoof Symmetry:                                  | Yes               | ☐ No               | [      |   | No | it Pe | erfc | ormed        |
| Normal  | Tight circle L: A | Abnormality        |        |   |    |       |      |              |
| Abnormal  | Tight circle R:   | Abnormality        |        |   |    |       |      |              |
| Not Performed                                   | Tail pull L: Abn  | ormality           |        |   |    |       |      |              |
|   |                   |                    |        |   |    |       |      |              |
| Horn quality: Good Poor                         |                   |                    |        |   |    |       |      |              |
| Shoeing: Yes No                                 |                   |                    |        |   |    |       |      |              |
| Hoof testers                                    | Flexions          | S:                 |        |   |    |       |      |              |
| LF: Positive Negative                           |                   |                    |        |   |    |       |      |              |
| Location:                                       | Surface:          |                    |        |   |    |       |      |              |
| RF: Positive Negative                           |                   |                    |        |   |    |       |      |              |
| Location:                                       | Norma             | al                 |        |   |    |       |      |              |
| LH: Positive Negative                           | Abnor             | mal                |        |   |    |       |      |              |
| Location:                                       | Not Pe            | erformed           |        |   |    |       |      |              |
| RH: Positive Negative                           |                   |                    |        |   |    |       |      |              |
| Location:                                       | Left Front:       |                    |        |   |    |       |      |              |
| Comments:                                       | Upper Limb:       | LF RF LH RH        | 0      | 1 | 2  | 3     | 4    | /5 Positive  |
| Commonto  | Lower Limb:       | LF RF LH RH        | 0      | 1 | 2  | 3     | 4    | /5 Positive  |
|   |                   |                    |        |   |    |       |      |              |
| Dynamia Evami                                   | Right Front:      |                    |        |   |    |       |      |              |
| Dynamic Exam:                                   | Upper Limb:       | LF RF LH RH        | 0      | 1 | 2  | 3     | 4    | /5 Positive  |
| AAEP Grading Scale(0 to 5)                      | Lower Limb:       | LF RF LH RH        | 0      | 1 | 2  | 3     | 4    | /5 Positive  |
|   |                   |                    |        |   |    |       |      |              |
| Surface:  | Left Hind:        |                    |        |   |    |       |      |              |
|   | Upper Limb:       | LF RF LH RH        | 0      | 1 | 2  | 3     | 4    | /5 Positive  |
| Normal  | * *               | LF RF LH RH        | 0      | 1 | 2  | 3     | 4    | /5 Positive  |
| Abnormal  | Stifle flexion:   | LF RF LH RH        |        |   |    |       |      |              |
| Not Performed                                   | Stifle Cross Ex   |                    |        |   |    |       |      |              |
|   |                   | LF RF LH RH        | 0      | 1 | 2  | 3     | 4    | /5 Positive  |
| Walk (In Hand)                                  | Right Hind:       |                    | Ü      | • | _  | Ü     | •    | 701 001110   |
| Normal Abnormal Not Performed                   | Upper Limb:       | LF RF LH RH        | Ω      | 1 | 2  | 3     | 4    | /5 Positive  |
| Straight: LF RF LH RH 0 1 2 3 4 /5 Positive     | Lower Limb:       | LF RF LH RH        |        |   |    |       |      | /5 Positive  |
| Left Circle: LF RF LH RH 0 1 2 3 4 /5 Positive  | Stifle flexion:   | LF RF LH RH        |        |   |    |       |      |              |
| Right Circle: LF RF LH RH 0 1 2 3 4 /5 Positive | Stifle Cross Ex   |                    | U      | ' | _  | U     | 7    | 70 1 OSILIVO |
|   | Julie Cross Ex    | LF RF LH RH        | $\cap$ | 4 | 0  | 9     | 1    | /E Dooitivo  |
|   |                   | LF KF LM KM        | U      | ı | 2  | 3     | 4    | 75 Positive  |
| LF RF LH RH 0 1 2 3 4 /5 Positive               | Damast Flavian    | (If f              |        |   |    |       |      |              |
| Backing: Normal Abnormal                        | Repeat Flexion    | ns: (If performed) |        |   |    |       |      |              |
| LF RF LH RH 0 1 2 3 4 /5 Positive               |                   |                    |        |   |    |       |      |              |
| log (In Hand)                                   |                   |                    |        |   |    |       |      |              |
| Jog (In Hand)                                   |                   |                    |        |   |    |       |      |              |
| Normal Not Performed                            |                   |                    |        |   |    |       |      |              |
| Straight: LF RF LH RH 0 1 2 3 4 /5 Positive     |                   |                    |        |   |    |       |      |              |
| Left Circle: LF RF LH RH 0 1 2 3 4 /5 Positive  |                   |                    |        |   |    |       |      |              |

Right Circle: LF RF LH RH 0 1 2 3 4 /5 Positive

| Yes  |
|--|
| Surface:   |
| Normal   |
| Abnormal   |
| Abnormal   |
| Not Performed  |
| Left Circle:           Walk:         LF RF LH RH         0         1         2         3         4         /5 Positive         Difficult         Difficult           Trot:         LF RF LH RH         0         1         2         3         4         /5 Positive         Difficult         Not performed           Right Circle:           Walk:         LF RF LH RH         0         1         2         3         4         /5 Positive         Respiratory noise:           Walk:         LF RF LH RH         0         1         2         3         4         /5 Positive         If Yes: Inspiratory           Canter:         LF RF LH RH         0         1         2         3         4         /5 Positive           Right Circle:         LF RF LH RH         0         1         2         3         4         /5 Positive           Trot:         LF RF LH RH         0         1         2         3         4         /5 Positive           Canter:         LF RF LH RH         0         1         2         3         4         /5 Positive    Figure 1  A STAN A ST  |
| Walk:       LF RF LH RH O 1 2 3 4 /5 Positive         Trot:       LF RF LH RH O 1 2 3 4 /5 Positive         Canter:       LF RF LH RH O 1 2 3 4 /5 Positive         Right Circle:       Walk:         Walk:       LF RF LH RH O 1 2 3 4 /5 Positive         Trot:       LF RF LH RH O 1 2 3 4 /5 Positive         Trot:       LF RF LH RH O 1 2 3 4 /5 Positive         Canter:       LF RF LH RH O 1 2 3 4 /5 Positive         Canter:       LF RF LH RH O 1 2 3 4 /5 Positive         Canter:       LF RF LH RH O 1 2 3 4 /5 Positive         Cough:       No         No     Right to Left:  |
| Trot: LF RF LH RH 0 1 2 3 4 /5 Positive  |
| Canter: LF RF LH RH 0 1 2 3 4 /5 Positive   Not performed    Right Circle:   Yes   No  |
| Right Circle:           Walk:         LF RF LH RH 0 1 2 3 4 /5 Positive           Trot:         LF RF LH RH 0 1 2 3 4 /5 Positive           Canter:         LF RF LH RH 0 1 2 3 4 /5 Positive           Ridden Exam:         Cough:           Yes         No      Yes   No   Nasal Discharge:   Yes   No   No   Yes   No   Nasal Discharge:   Yes   No   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Y   |
| Right Circle:           Walk:         LF RF LH RH 0 1 2 3 4 /5 Positive           Trot:         LF RF LH RH 0 1 2 3 4 /5 Positive           Canter:         LF RF LH RH 0 1 2 3 4 /5 Positive           Ridden Exam:         Cough:           Yes         No      Yes   No   Nasal Discharge:   Yes   No   No   Yes   No   No   Yes   Yes   Yes   No   Yes   |
| Walk:       LF RF LH RH 0 1 2 3 4 /5 Positive         Trot:       LF RF LH RH 0 1 2 3 4 /5 Positive         Canter:       LF RF LH RH 0 1 2 3 4 /5 Positive         If Yes:       Inspiratory         Expiratory         Ridden Exam:       Cough:       Yes       No         Nasal Discharge:       Yes       No  |
| Trot: LF RF LH RH 0 1 2 3 4 /5 Positive  Canter: LF RF LH RH 0 1 2 3 4 /5 Positive  Ridden Exam:  Yes No   |
| Canter: LF RF LH RH 0 1 2 3 4 /5 Positive No  Ridden Exam: Cough: Yes No  Nasal Discharge: Yes No  |
| Cougn: Yes No Nasal Discharge: Yes No  |
| Cougn: Yes No Nasal Discharge: Yes No  |
|  |
| Carracei   |
|  |
| ☐ Normal   |
| Abnormal Respiratory: Post Exercise  |
| ☐ Not Performed ☐ Normal ☐ Normal  |
|  |
| Left Circle:   |
| Walk: LF RF LH RH 0 1 2 3 4 /5 Positive  |
| Trot: LF RF LH RH 0 1 2 3 4 /5 Positive Abnormalities  |
| Canter: LF RF LH RH 0 1 2 3 4 /5 Positive Respiratory Rate:  |
| Trot on wrong/off diagonal:  Lung auscultation:  |
|  |
| LF RF LH RH 0 1 2 3 4 /5 Positive Comments:  |
| LF RF LH RH 0 1 2 3 4 /5 Positive  |
| 2 1 1 2 1 1 1 2 1 2 3 1 7 3 1 3 3 dive   |
| Comments:  Respiratory: Post Exercise  |
| Comments:  Respiratory: Post Exercise  Normal  Abnormal  |
| Comments:  Respiratory: Post Exercise  Normal  Walk: LF RF LH RH 0 1 2 3 4 /5 Positive  Not Porformed  |
| Comments:    Respiratory: Post Exercise   Normal   Abnormal   Abnormal   Not Performed   Not P |
| Comments:    Respiratory: Post Exercise   Normal   Abnormal   Not Performed  |
| Comments:  Respiratory: Post Exercise  Normal  Abnormal  Trot:  LF RF LH RH 0 1 2 3 4 /5 Positive  Trot:  LF RF LH RH 0 1 2 3 4 /5 Positive  Canter:  LF RF LH RH 0 1 2 3 4 /5 Positive  Trot on wrong/off diagonal:  Abnormalities  |
| Comments:  |
| Comments:  Respiratory: Post Exercise  Normal  Abnormal  Trot:  LF RF LH RH 0 1 2 3 4 /5 Positive  Trot:  LF RF LH RH 0 1 2 3 4 /5 Positive  Canter:  LF RF LH RH 0 1 2 3 4 /5 Positive  Trot on wrong/off diagonal:  Abnormalities  |

| Recovery                     | □ Neck     □  |
|------------------------------|---|
| Normal                       | Back  |
| Abnormal                     |   |
| ☐ Not Performed              | Other:  |
|                              | Culon   |
| Abnormalities:               | Submit for Radiographic Interpretation from Specialist/ |
|                              | Board Certified Radiologist?                            |
|                              | Suggested   |
| Comments:                    | Declined  |
|                              |   |
|                              | Submitted to:   |
| Diagnostic Procedures        | Results:  |
|                              | riosuito  |
| Lab Work:                    |   |
| Requested                    | <b>-</b>  |
| Suggested                    | Radiographic Interpretation                             |
| Declined                     | NSA=No Significant Abnormalities                        |
|                              | NS = Not Significant                                    |
| Drug Screen                  |   |
| CBC/Chemistry                |   |
| Coggins Test                 |   |
| Lyme Titer                   |   |
| EPM Titer                    |   |
|                              |   |
| HYPP                         |   |
|                              |   |
| Other Genetic Screens/Tests: |   |
|                              |   |
|                              |   |
|                              |   |
| Blood collected: Yes         |   |
| If yes: Submitted            |   |
| Stored                       |   |
|                              | (Place Padio symphic Parayt have)                       |
| □No                          | (Place Radiographic Report here)                        |
|                              |   |
| Dadia washa                  |   |
| Radiographs:                 |   |
| Requested                    |   |
| Suggested                    |   |
| Declined                     |   |
|                              |   |
| Front Feet P3/Navicular      |   |
| Hocks                        |   |
| Stifles                      |   |
| Fetlocks LF RF LH RH         |   |
| Knees                        |   |
| Cannon/Splints               |   |
|                              |   |

| Ultrasound Exam:             | Record of Discussion:                  |
|------------------------------|--|
| ∐ Yes                        | In person                              |
| ☐ No                         |  |
| Suggested                    | Telephone                              |
| Declined                     |  |
|                              | Date/time:                             |
| Area Examined:               |  |
|                              | Name:                                  |
|                              | —————————————————————————————————————— |
| Results                      | Discussion:                            |
|                              |  |
| Fodosonia Fuero (IDT)        |  |
| Endoscopic Exam: (URT):      |  |
| ∐ Yes                        |  |
| ∐ No                         |  |
| Suggested                    |  |
| Declined                     |  |
|                              |  |
| Results                      |  |
|                              |  |
| Additional Diagnastic Tests  |  |
| Additional Diagnostic Tests: |  |
| ∐ Yes                        |  |
| ∐ No                         |  |
| Suggested                    |  |
| Declined                     |  |
| MRI                          |  |
| Computed Tomography          |  |
|                              |  |
| Scintigraphy                 |  |
| Other:                       |  |
|                              | <del></del>                            |
|                              |  |
| Comments:                    |  |
|                              |  |