

BUXTON Equine Insurance

PO BOX 6823, LAKE WORTH, FL. 33467-6823, LOCAL (561) 585-0900, LONG DISTANCE (800) 588-1403, FAX (561) 586-0870

LOSS OF USE EXAMINATION

Name of Horse _____ Age _____ Breed _____ Intended Use _____

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
Neg. Pos.

Palpation of Limbs Normal?
Yes No

Response to Hoof Tester Normal?
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 nsoids: _____

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 _____