



Loss of Use Renewal Examination

Form should be completed by a licensed veterinarian

Name _____ Breed _____ Age _____ Sex _____

Examination

	Normal	Any Abnormal Findings
Body Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Palpation of Back	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Examination for lameness at a walk and trot in a straight line and small circles in both directions on a hard surface	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Inspection of Stifles	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fixation of patella		
Left	<input type="checkbox"/> Not possible	<input type="checkbox"/> Possible
Right	<input type="checkbox"/> Not possible	<input type="checkbox"/> Possible
	Flexion Tests	Palpation of Limbs Normal?
Left forelimb	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right forelimb	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No
Left hindlimb	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right hindlimb	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No
Response to Hoof Tests Normal?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comment on positive flexions or abnormal findings		

Is this animal receiving any performance enhancing therapy or medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you aware of any injury, unsoundness or disease this horse has been treated for in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you regularly attending a vet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Remarks		

Signature of Veterinarian

Date of Exam

Address

Phone Number