

# EXAMINATION FOR FULL LOSS-OF-USE AND MORTALITY COVERAGE

NAME OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF HORSE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ BREED: \_\_\_\_\_

CURRENT AND/OR INTENDED USE: \_\_\_\_\_ LEVEL: \_\_\_\_\_

Color \_\_\_\_\_ I.D. #'s: Tattoo \_\_\_\_\_ AHSA \_\_\_\_\_ FEI \_\_\_\_\_ Other \_\_\_\_\_

Describe type of work the horse has been in the last six months. If at rest or turned out, why?

Pulse and Respiration normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the horse ever had colic surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart auscultation normal at rest and after work?	<input type="checkbox"/>	<input type="checkbox"/>	Subject to or any previous history of colic?	<input type="checkbox"/>	<input type="checkbox"/>
Respiration auscultation normal at rest & after work?	<input type="checkbox"/>	<input type="checkbox"/>	History or evidence of a bleeder?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	Any evidence or history of laminitis?	<input type="checkbox"/>	<input type="checkbox"/>
Palpations normal? (note any swelling, heat, stiffness and/or pain)			Any evidence of infection or disease?	<input type="checkbox"/>	<input type="checkbox"/>
Back	<input type="checkbox"/>	<input type="checkbox"/>	Contagious diseases on premises or locally?	<input type="checkbox"/>	<input type="checkbox"/>
Stifles	<input type="checkbox"/>	<input type="checkbox"/>	Any symptoms detrimental to satisfactory breeding?	<input type="checkbox"/>	<input type="checkbox"/>
Knees	<input type="checkbox"/>	<input type="checkbox"/>	Is there evidence of objectionable habits? Vices?	<input type="checkbox"/>	<input type="checkbox"/>
Hocks	<input type="checkbox"/>	<input type="checkbox"/>	If the horse is a stallion, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>
Fetlocks	<input type="checkbox"/>	<input type="checkbox"/>	<b>Any major conformation faults, which may affect the horse for its intended use, short or long term?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Tendons & Ligaments	<input type="checkbox"/>	<input type="checkbox"/>			
Hoof tester results negative?	<input type="checkbox"/>	<input type="checkbox"/>	Type and schedule of worming program: _____		
Properly shod?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Is the Stabling and turn out safe and adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

**If any are answered no, please explain on a separate page.**

**If any are answered yes, please explain on a separate page.**

**Note:** Ultrasound and/or x-rays may be necessary if palpation results are found to be significantly abnormal.

**If tendons and/or ligaments are found to be abnormal, an ultrasound examination will be necessary.**

Have you or any other veterinarians attended the horse for any ailment, injury or medical problem in the last year? Yes  No

Are you aware of any pre-existing conditions?

**If any are answered yes, please explain on separate page.**

Drug Screen Results: Required for horses valued over \$25,000. Must be taken at the time of the exam. Please attach results.

**Active & Passive flexion test results** (Active test with the horse jogging immediately on a hard surface). **Written Evaluation:**

**X-rays:** Must be current within 3 months. Please list below all radiographic findings, especially those that may affect the horse's long and short-term intended use. If possible, use any previous X-rays for comparisons, i.e. navicular. All views listed below are required for Full Loss of Use coverage. If additional views were taken, please describe results. Use a separate page if necessary.

**FRONT FEET** – Lateromedial, dorsal ventral, navicular skyline:

**FRONT FETLOCKS** – A/P Views:

**HIND FECTLOCKS** – A/P Views:

**HOCKS** – Lateral Projection, Craniocaudal Projection, Both Oblique:

**STIFLES** – Lateromedial views:

Give your general evaluation for the above named horse, and your professional opinion on **soundness**, both **short & long-term**, for its **intended use**.

I (print name) \_\_\_\_\_, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of \_\_\_\_\_, and that I have on this day examined the above named horse.

**Veterinarian's signature** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I (print name) \_\_\_\_\_, as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the best of my ability accurate and complete information on the above named horse.

**Owner, trainer, or primary caretaker's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_