GREAT AMERICAN INSURANCE LOSS OF USE EXAMINATION

Name of Horse _____ Age_____ Breed _____ Intended Use_____

	Normal	Any Abnormal Findings
Body Conditions:	_____	_____
Eyes:	_____	_____
Upper Airway Following Exercise		
Clinically:	_____	_____
Endoscopically:	_____	_____
Palpation of Back:	_____	_____

Examinations 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 Testers 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: I (good); 2 (satisfactory); 3 (moderate) and 4 (unacceptable).

Assessment of Radiographs:

Navicular bone	LF _____	RF_____
Proximal Sesamoid bones	LF _____	RF_____
Fetlockjoints	LF _____	RF_____
Tarsal Joints	LF _____	RF_____

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 nsaids: ____

_____

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