



Loss of Use Examination

Form should be completed by a licensed veterinarian

The Marks Agency, Inc
Chandler M Marks
MarksInsAgency@gmail.com

239-980-0272 Direct
239-631-5201 Office
239-790-3123 Fax

Horse 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	_____							
Upper Airway following exercise:		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____							
Clinical		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____							
Endoscopically		<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?	Response to Hoof Tests Normal?						
Left forelimb	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Comment on positive flexions or abnormal findings										

Assessment of Radiographs 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).										
		1	2	3	4		1	2	3	4
Navicular bone	LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximal sesamoid bones	LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock joints	LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tarsal joints	LH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide details of any degenerative changes, bone spurs, chips, or osteoconchrosis 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