GREAT AMERICAN INSURANCE
LOSS OF USE RENEWAL EXAMINATION

Name of Horse _____ **Age** _____ **Breed** _____ **Intended Use** _____

GENERAL and CLINICAL EXAM:

	Normal	**Any Abnormal Findings**
Body Condition:	_____	_____
Eyes:	_____	_____
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		**Palpation of Limbs Normal?**		**Response to Hoof Testers Normal?**	
	Neg.	Pos.	Yes	No	Yes	No
Left forelimb	_____	_____	_____	_____	_____	_____
Right forelimb	_____	_____	_____	_____	_____	_____
Left hindlimb	_____	_____	_____	_____	_____	_____
Right hindlimb	_____	_____	_____	_____	_____	_____

Comment on positive flexions or abnormal findings: _____

_____

Is this animal currently receiving any performance-enhancing therapy or medications? _____

_____

Are you aware of any injury, unsoundness or disease for which this horse has been treated in the past year? _____

_____

Are you the regular attending vet? _____

_____ _____
Signature of Veterinarian Date of Exam

_____ _____
Address Phone Number

[5/00]