

GREAT AMERICAN INSURANCE LOSS OF USE EXAMINATION

Name of Horse _____ Age _____ Breed _____ Intended Use _____

	Normal	Any Abnormal Findings
Body Condition:	_____	_____
Eyes:	_____	_____
Upper Airway Following Exercise Clinically:	_____	_____
Endoscopically:	_____	_____
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:	_____	_____

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: _____

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).

Assessment of Radiographs:

Navicular Bones	LF _____	RF _____
Proximal sesamoid bones	LF _____	RF _____
Fetlock joints	LF _____	RF _____
Tarsal joints	LH _____	RH _____

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 nsoids: _____

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 _____