



EQUINE INSPECTION FORM

Clients Name _____ Date of Exam _____ Phone # _____

Clinic Name _____ Clinic Address _____

Clinic Phone _____ Vets Name _____

Horse Name _____ Breed _____ Sex _____ Color _____

Age: _____

Physical Exam Findings:

	Within Normal Limits	Abnormal	Not Examined	Comments
Nutritional Status				
Eyes				
Ears				
Mouth/Teeth				
Mucous Membranes				
Lymph Nodes				
Cranial Nerve Function				
Cardiovascular				
Integument				
Respiratory				
Gastrointestinal				
Urogenital				
Conformation/Stance				
Muscle Symmetry				
Temperature				
Neck				
Withers				
Back				
Loins				
Croup				

Physical Exam Findings:

	Within Normal Limits	Abnormal	Not Examined	Comments
Left Front				
Right Front				
Right Hind				
Left Hind				
Hoof Shapes				
Hoof Testers				
Left Front Lower Limbs				
Left Carpus				

Evaluation of Gaits

	Within Normal Limits	Abnormal	Not Examined	Comments
Walking on Hard Surface				
Trotting on Hard Surface				
Lunge Line				
Under Saddle				
Neurological Exam				

THE PURPOSE OF THIS EXAMINATION IS TO IDENTIFY AND EXAMINE THE INVOLVED HORSE AND TO REPORT TO THE PROSPECTIVE BUYER OR AGENT, THE MEDICAL FACTS BASED ONLY ON WHAT IS FOUND ON THE DAY OF EXAMINATION. THIS CERTIFICATE IS TO NOTE THE EXISTING PROBLEMS AND IS NOT MEANT TO BE PREDICTIVE FOR FUTURE SOUNDNESS.

Comments: _____

DVM Signature: _____

Date: _____