

BUSINESS/PERFORMANCE EVALUATION

City Tampa State FL Zip _____
Age 10 Breed Orisy Color Black Sex G
Date 4-14-15 First Exam _____ Re-evaluation _____ Time _____ AM/PM

EXPLANATION OF EVALUATION GRADES/SCALE

LAMENESS SCALE (1-5)

I. Normal 2. Lamé under tack 3. Lamé at walk 4. Reluctant to move 5. Non weight bearing

SCALE FOR HOCKS (I-V) (Radiographic Evaluation)

I. Normal II. Narrowed joint space III. Spur formation IV. Partial fusion V. Fusion of joint space

SCALE FOR NAVICULAR (I-V) Radiographic Evaluation)

I. Normal II. Increased vascular channels III. Flexor surface erosion IV. Spur formation or margins
V. Cystic degeneration

Please note that clinical and radiographic evaluations of the hock and navicular areas do not correlate well.

Summary of Evaluation/Recommendation

EXAMINATION: OBSERVE UNDER EXERCISE AT WALK, TROT AND CANTER

PHYSICAL EXAM: NORMAL HEART, LUNG, MUSCULOSKELETAL

LAMENESS EXAM:

FLEXION-NORMAL RANGE OF MOTION

HOOF-NEEDS TO BE RESHOD/TRIMMED

CHIROPRACTIC-NORMAL

ACUPUNCTURE EVALUATION-NORMAL

DIGITAL X-RAYS:

1. FRONT FEET-NORMAL

2. FRONT PASTERNS-NORMAL

3. FRONT ANKLES-NORMAL

4. HOCKS-NORMAL

5. REAR ANKLES-NOT COMPLETED

6. KNEES, STIFLES-NOT COMPLETED

OTHER: HAS MICRO CHIP FROM THE NETHERLANDS

CLINICAL IMPRESSION:

1. SOUND UNDER EXERCISE

2. X-RAYS CONSISTENT WITH AGE/BREED/CURRENT USE

3. NICE GELDING WITH IMPRESSIVE WAY OF GOING

4. CURRENT COGGINS PENDING, NO DRUG SCREEN PENDING.

"Dr. Michael D. Lokai has made no determination and expresses no opinions as to the suitability of the animal for the purpose intended. This issue and the ultimate purchase of the horse examined is a business judgment that is solely the responsibility of the buyer that he or she should make on the basis of a variety of factors, only one of which is the report provided by the veterinarian. Please consult your usual veterinarian as to the contents of this report and/or x-rays."

Respectfully,

M.D. Lokai, DVM, Certified Veterinary Acupuncture & Animal Chiropractic

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RE-PURCHASE — INSURANCE — WELLNESS

City Tampa State FL Zip _____

Age 10 Breed D. pony Color Black Sex G

Date 4-14-15 First Exam _____ Re-evaluation _____ Time _____ AM/PM

I, [Signature], do hereby certify that I am a graduate Veterinarian holding a current license as such to practice in the state of Florida and, furthermore, certify, except as noted below, to the best of my knowledge that the above horse is sound and in healthy condition.

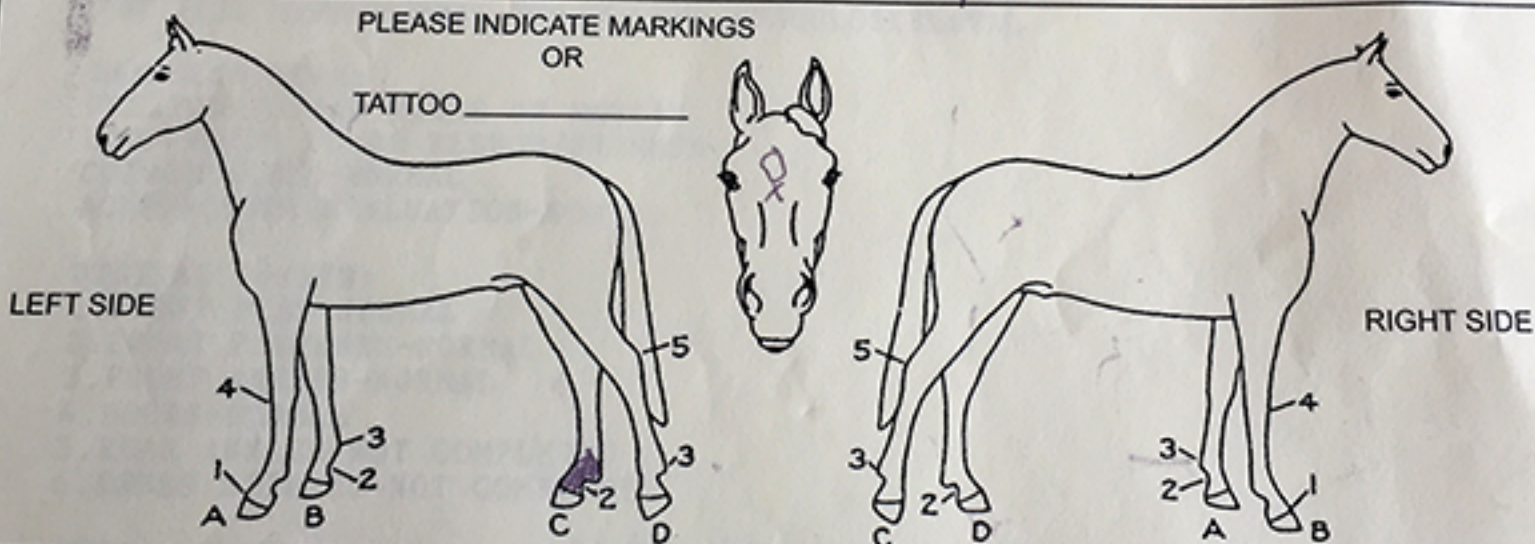
- | | | | | | |
|----------------------------------|---|--|--|---|--|
| 1. Pulse and respiration normal? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 8. Chronic colicker? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Temperature normal? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 9. Has horse been nerved? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 3. Eyes normal? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 10. Has horse been castrated? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. Heart auscultated? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 11. Has any surgery been performed on horse? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 5. Any lameness? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 12. Stabling adequate? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 6. Faulty conformation? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 13. Contagious/Infections disease present? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 7. Bleeder? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | | | |

14. The following was noted:

NLD 528210000475398
HA MICROCHIP

PLEASE INDICATE MARKINGS OR

TATTOO _____



15. Description and Remarks (Left Side)

Head - small star
F - No white
H - No white

- A. LEFT OR NEAR FORE LEG
 B. RIGHT OR OFF FORE LEG
 C. RIGHT OR OFF HIND LEG
 D. LEFT OR NEAR HIND LEG

- 1 - Coronet
 2 - Pastern
 3 - Fetlock
 4 - Knee
 5 - Hock

16. Description and Remarks (Right Side)

R-F - No white
B-H - Fetlock

Date of Examination

4/14/15

Location

PLLC

[Signature]
 Respectful
 M.D. Lokai, D.V.M.