

Sara Warner

651 260 5698

Sara, a. Warner@gmail.com

Equine Prepurchase Exam

Horse's Registered Name: Spirit Barn Name:
Year Foaled: 2016 Color: DERRY Breed: Dutch Warmblood Sex: Geld
Markings/Brand or Tattoo:

General Findings:

Star Snip LR Cannon, R Reticle

- Body Condition: [X] Normal [] Abnormal
Conformation: [X] Normal [] Abnormal
Gait Analysis: [X] Normal [] Abnormal
Tail Symmetry & Func: [X] Normal [] Abnormal
Skin & Hair Coat: [X] Normal [] Abnormal
Disposition: [X] Normal [] Abnormal
Vices: [X] Normal [] Abnormal

Head & Neck:

- Eyes: O.S. [X] Normal [] Abnormal
O.D. [X] Normal [] Abnormal
Ears [X] Normal [] Abnormal
Mouth & Teeth: [X] Normal [] Abnormal
Nostrils: [X] Normal [] Abnormal
Breaths/Min: 28
Pulse: Rate 28 Character
Neck: [X] Normal [] Abnormal
Lymph Nodes: [X] Normal [] Abnormal
Post Exercise: Rate 28 Character normal

Thorax:

- Lung sounds: [] Normal [] Abnormal
Heart Sounds: [X] Normal [] Abnormal

Abdomen:

- Bowel Sounds: [X] Normal [] Abnormal
Rectum: [X] Normal [] Abnormal
Feces: [X] Normal [] Abnormal
Surgical Scar: [] Present [X] Absent
Hernia: [] Present [X] Absent

Urogenital

- If Stallion, both testicles present? [] Yes [] No [X] N/A
If Gelding, normal? [X] Yes [] No [] N/A
If Mare, Pregnant? [] Yes [] No [X] N/A
External genital normal? [X] Yes [] No [] N/A
Rectal Exam performed? [] Yes [X] No [] N/A

Findings:

Shoes Brk
Breedbit Front

Limbs

Symmetry: _____
 Coordination: _____
 Lameness: _____
 Walk: _____
 Trot: _____
 Canter: _____

Normal	Abnormal
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

On A Line	Under Saddle	Straight	Circled Left	Circled Right

Left Fore

Physical Findings: _____
 Flexion Test: _____
 Response to Hoof Tester: _____
 Location of positive response: _____

Normal	Abnormal
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Negative	Positive
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Radiograph Findings Description: _____

Right Fore

Physical Findings: _____
 Flexion Test: _____
 Response to Hoof Tester: _____
 Location of positive response: _____

Normal	Abnormal
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Negative	Positive
<input type="checkbox"/>	<input type="checkbox"/>

Radiograph Findings Description: _____

Left Hind

Physical Findings: _____
 Flexion Test: _____
 Response to Hoof Tester: _____
 Location of positive response: _____

Normal	Abnormal
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Negative	Positive
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Radiograph Findings Description: _____

Right Hind

Physical Findings: _____
 Flexion Test: _____
 Response to Hoof Tester: _____
 Location of positive response: _____

Normal	Abnormal
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Negative	Positive
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Radiograph Findings Description: _____

Summary: *horse appeared sound for intended use. no further radiographs etc were done.*

Date: 7-20-20 Clinician: *[Signature]*