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| CVS_logo_small.jpg | **Central Veterinary Services**  **Oak Bluff, MB R0G 1N0**  **Ph: 204-275-2038**  **Fax: 204-261-0556**  **Email: centralvetservices@gmail.com** |

**General Physical Examination**

**Key:** WNL = Within Normal Limits N = Normal N/A = Not Applicable

NSF = No Significant Findings N/E = Not Examined

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| **Examination** | |
| Date and Time: |  |
| Location: |  |
| People Present (name/title): |  |
| Horses Name: |  |
| Breed: |  |
| Age: |  |
| Gender: |  |

From the organ systems that are readily available for examination, the following was noted:

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| **General Physical Examination** | | | |
| Temperature: |  | General Condition: |  |
| Pulse: |  | Hair coat: |  |
| Respiration: |  | Height: |  |
| Mucous Membrane/Capillary Refill Time: |  | Body Condition/Weight: |  |

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| **Auscultation:** | |
| Heart (at rest/at work): | Thorax (at rest/at work): |
| Trachea (at rest/at work): | Abdomen: |
| Comments: | |

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| **Eyes:** | |
| Direct Exam: | Fundoscopic Exam: |
| Pupillary Reflexes: | Menace Response: |
| Conjunctiva/Nictitans: |  |

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| **Ears:** | |
| Direct Exam: | Dermatoses: |
| Hearing: |  |

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| **Oral Exam:** | |
| Bite: | Arcades: |
| Incisors: | Evidence of cribbing: |
| Wolf Teeth: | Tongue: |
| Approximate age by dental exam: |  |
| Recommendations: | |

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| **Upper Respiratory Exam:** | |
| Abnormalities detected at rest: | After Exercise: |
| Pharynx/Larynx: | Upper airway endoscopy: |

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| **Urogenital/Perineal Exam:** | |
| Perineal conformation/tumors: | Rectal palpation and ultrasound: |

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| **Skin:** | |
| Direct Exam: | Tumors/Warts/Lumps: |

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| **Nervous System:** | |
| Placing: | Abduction: |
| Backing: | Cranial Nerves: |
| Tail Sway: | Evidence of palmar digital neurectomy: |
| Tail Tone: |  |
| Abnormalities/Comments: | |

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| **Other:** | |
| General conformation: | Palpate ventral abdomen: |
| Vices/Habits: | Attitude/Personality: |

**Musculoskeletal Exam**

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| **Back, Pelvis and Neck** (palpation, symmetry, muscling): |

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| **Left Front Limb:** | |
| Lesions present/conformation: | Hoof exam (including angle) and shoeing: |
| Hoof testers: | Flexion Test: |

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| **Right Front Limb:** | |
| Lesions present/conformation: | Hoof exam (including angle) and shoeing: |
| Hoof testers: | Flexion Test: |

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| **Left Hind Limb:** | |
| Lesions present/conformation: | Hoof exam (including angle) and shoeing: |
| Hoof testers: | Flexion Test: |

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| **Right Hind Limb:** | |
| Lesions present/conformation: | Hoof exam (including angle) and shoeing: N |
| Hoof testers: | Flexion Test: |

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| **Locomotion:** | |
| Straight line at walk: | Straight line at trot: |
| Left circle at walk: | Right circle at walk: |
| Left circle at trot: | Right circle at trot: |
| Left circle at canter/lope: | Right circle at canter/lope: |
| Backing: | Soft ground: |
| Hard ground: | Under saddle/tack: |
| Additional Remarks: | |

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| **Radiographic Examination:** | |
| Films Requested: | Findings: |

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| **Ultrasonographic Examination:** | |
| Scans Requested: | Findings: |

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| **Elective Procedures/Lab Tests Requested:** | |
| Complete Blood Count: | Blood Chemistry: |
| Fecal Floatation: | Drug Screen: |

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| **Discussion (please include date, time and method of communication):** |

The above information and clinical findings were discussed with the buyer and/or their representatives during the time of the examination. The examiner makes no guarantee or warranty regarding future soundness, usefulness or life span.

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Signature of Veterinarian Date