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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