KAPLOW INSURANCE AGENCY

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Fax: (914)238-4043

Loss of Use Examination

Owner's Name: _____

Name of Horse: _____ **Age:** _____ **Sex:** _____ **Breed:** _____ **Use:** _____

			If response is yes, please explain:
Has the horse ever had colic surgery?	Yes ☐	No ☐	
Subject to or any previous history of colic?	Yes ☐	No ☐	
History or evidence of a bleeder?	Yes ☐	No ☐	
History or evidence of nerving?	Yes ☐	No ☐	
Any evidence or history of laminitis?	Yes ☐	No ☐	
Any evidence of infection or disease?	Yes ☐	No ☐	
Contagious diseases on premises or locally?	Yes ☐	No ☐	
Any symptoms detrimental to satisfactory breeding?	Yes ☐	No ☐	
Is there evidence of objectionable habits? Vices?	Yes ☐	No ☐	
If the horse is a stallion, are both testicles evident?	Yes ☐	No ☐	
Any major conformation faults, which may affect the horse for its intended use, short or long term?	Yes ☐	No ☐	
For all Quarter Horses, Appaloosas or Paints: Has horse been tested for genetic link to HYPP?	Yes ☐	No ☐	
If Yes, Please Indicate Result:	N/N	N/H HH	
Is The Horse Symptomatic?	Yes ☐	No ☐	
Type and schedule of worming program: _____			

	Normal	Any Abnormal Findings:
Body Condition:	_____	_____
Pulse and Respiration:	_____	_____
Temperature:	_____	_____
Eyes:	_____	_____
Palpations:	_____	_____
Heart auscultation at rest/after work:	_____	_____
Respiratory auscultation at rest/after work:	_____	_____
Upper airway following exercise clinically:	_____	_____
Examination for lameness at a walk and trot in a straight line and small circles in both directions on a hard surface:	_____	_____

	Flexion Tests		Palpation of Limbs Normal?		Response to Hoof Testers Normal?	
	Neg.	Pos.	Yes	No	Yes	No
Left forelimb	_____	_____	_____	_____	_____	_____
Right forelimb	_____	_____	_____	_____	_____	_____
Left hindlimb	_____	_____	_____	_____	_____	_____
Right hindlimb	_____	_____	_____	_____	_____	_____

Comment on positive flexions or abnormal findings: _____

_____

Radiographs of the front feet, hocks, stifles, and the fetlock joints were evaluated whereby the radiographic findings are described in four categories: 1 (good); 2 (satisfactory); 3 (moderate) and 4 (unacceptable).
Level One: Please include the following views:

Front Feet:	Left Limb:	Right Limb:	Comments:
DP			
Lateral			
Navicular DV			
Navicular Skyline			
Hocks:	Left Limb:	Right Limb:	Comments:
Lateral			
Lateral to Medial Oblique			
Medial to Lateral Oblique			
Stifles:	Left Limb:	Right Limb:	Comments:
Lateral			
PA			

Level Two: Please Include all Level One views as well as:

Front Fetlocks:	Left Limb:	Right Limb:	Comments:
DP			
Lateral			
Medial Oblique			
Lateral Oblique			
Hind Fetlocks:	Left Limb:	Right Limb:	Comments:
DP			
Lateral			

All radiographs requested should be of diagnostic quality and should be submitted to info@kaplowinsurance.com

X-rays are reviewed on a radiograph server (PACS), and imaging should be sent either in JPEG format (attachments) or a live link sent directly to the doctor to download the images. If these options are not available, a CD should be prepared with the imaging and mailed.

Provide details of any degenerative changes, bone spurs, chips or osteochondrosis seen on any radiographs taken: _____

_____

Have you or any other veterinarian performed diagnostic procedures for unsoundness, performance related issues, or taken any x-rays of this animal in the last six months? _____

_____

Other findings or remarks: _____

_____

_____

_____ _____

Signature of Veterinarian Date of Exam

_____ _____

Address Phone Number

[5/00]