



# JUSTIN INSURANCE

**EQUINE AND RANCH SPECIALISTS**

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## LOSS OF USE EXAMINATION

INSURED NAME:	POLICY NUMBER:
HORSE'S NAME:	AGE:      BREED:      COLOR:

Body Condition:      Normal: \_\_\_\_\_      Abnormal Findings: \_\_\_\_\_

Eyes:      Normal: \_\_\_\_\_      Abnormal Findings: \_\_\_\_\_

Palpation of Back:      Normal: \_\_\_\_\_      Abnormal Findings: \_\_\_\_\_

Inspection of Stifles:      Normal: \_\_\_\_\_      Abnormal Findings: \_\_\_\_\_

Examination for Lameness at a walk and trot in a straight line and small circles in both directions on a hard surface:

Normal: \_\_\_\_\_      Abnormal Findings: \_\_\_\_\_

Upper Airway Following Exercise:

Clinically:      Normal: \_\_\_\_\_      Abnormal Findings: \_\_\_\_\_

Endoscopically:      Normal: \_\_\_\_\_      Abnormal Findings: \_\_\_\_\_

Fixation of the Patella:      **Left:** Not Possible: \_\_\_\_\_ Possible: \_\_\_\_\_      **Right:** Not Possible: \_\_\_\_\_ Possible: \_\_\_\_\_

	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 navicular bones, the proximal sesamoid bones, the fetlock joints, and the tarsal joints were evaluated whereby the radiographic findings are described in four categories: 1 - Good 2 - Satisfactory 3 - Moderate 4 - Unacceptable**

Assessment of Radiographs:

Navicular Bones:      LF: \_\_\_\_\_ RF: \_\_\_\_\_      Fetlock Joints:      LF: \_\_\_\_\_ RF: \_\_\_\_\_

Proximal Sesamoid Bones:      LF: \_\_\_\_\_ RF: \_\_\_\_\_      Tarsal Joints:      LF: \_\_\_\_\_ RF: \_\_\_\_\_

Provide detail of any degenerative changes, bone spurs, chips, or osteochondrosis seen on any radiographs taken: \_\_\_\_\_

Results of blood samples taken for investigation of banned substances or NSAIDS: \_\_\_\_\_

Are you aware of any history of unsoundness, injury, or disease on this horse? \_\_\_\_\_

Other findings or remarks: \_\_\_\_\_

Examination Date & Time	Signature of Veterinarian <span style="float:right">D.V.M.</span>
Address	City <span style="float:right">State</span>
Office Phone Number	State License Number <span style="float:right">Zip</span>

Veterinary Certificates are not acceptable unless completed within 10 days prior to being received in our office.