



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 D.V.M.
Address	City State
Office Phone Number	State License Number Zip

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