





Light sedation used in order to enable a conclusive examination  
 If so, which preparation and dosage used:

No  Yes

## 1: General condition

- 1a Bodily condition: Average  Above average  Below
- 1b Abnormal fat deposits on neck or trunk? No  Yes
- 1c Abnormalities in general condition? No  Yes

## 2. Skin

- 2a Abnormalities in presentation of skin and coat? No  Yes
- 2b Signs of hair loss as the result of pruritus or wear of skin, mane or tail? No  Yes
- 2c Signs of sarcoids or melanoma like lesions on head, ventral abdomen, pectoral region, medial thigh, genitals or elsewhere? No  Yes
- 2d Does palpation of umbilical region, ventral midline or inguinal canal reveal swellings which could indicate the presence of a hernia? No  Yes

## 3. Teeth

- 3a Abnormal smell or discharge from mouth or nostrils? No  Yes
- 3b Abnormalities in the symmetry of the skull and/or mandible? No  Yes
- 3c Abnormalities in the symmetry of the masseter muscles? No  Yes
- 3d Abnormalities during palpation of the temporo-mandibular joints? No  Yes
- 3e Abnormalities in the soft tissues of the mouth, including the lips? No  Yes
- 3f Abnormalities in the presentation of the canine teeth, wolf teeth, incisors or cheek teeth? No  Yes
- 3g Abnormalities in moveability of the jaws or the occlusion of the teeth? No  Yes

## 4. Eyes

- 4a Abnormalities in menace or pupillary reflex? No  Yes
- 4b Abnormalities in the symmetry, position or size of eyes and eyelids and the ciliary angle? No  Yes
- 4c Abnormalities in conjunctiva or third eyelid, including discharge? *SMA ODNE* No  Yes
- 4d Type of discharge:
- 4e Abnormal macroscopic findings in cornea, iris or the lens? No  Yes
- 4f Was examination of the eyes performed in a darkened room? No  Yes
- 4g Use of focal light during examination? No  Yes

## 5. Neck

- 5a Abnormalities in the symmetry of neck musculature (atrophy), or noticed during passive movement of the neck? No  Yes
- 5b Abnormalities during palpation of transverse processes or palpable muscle attachments? No  Yes
- 5c Abnormal musculo-cutaneous reflex? No  Yes
- 5d Abnormalities in the symmetry of the shoulders and upper forearms? No  Yes

## 6. Back

- 6a Abnormalities in the curvature, symmetry and muscle mass of the back and quarters? No  Yes
- 6b Abnormal wear of the hair cover on the back, in the saddle region or in the the girth region? No  Yes
- 6c Abnormalities during superficial or deep palpation of the back and quarters? No  Yes
- 6d Abnormalities in tail tone? No  Yes
- 6e Abnormal musculo-cutaneous reflex? No  Yes
- 6f Abnormalities in mobilisation and moveability of the back and quarters? No  Yes
- 6g Pain or resentment to palpation of girth area? No  Yes

## 7. Genitalia

- 7a Abnormalities in symmetry, conformation and closure of vulva? No  Yes
- 7b Abnormalities in the shape, size, texture or symmetry of the udder? No  Yes
- 7c Abnormalities of prepuce or during palpation of castration scar? No  Yes
- 7d Abnormalities during palpation of the scrotum? No  Yes

## 8. Heart

- At rest:*
- 8a Abnormalities in the peripheral circulation (mucous membranes, capillary refill time, jugular vein, jugular pulsation and/or ventral oedema) No  Yes
- 8b Abnormalities in the auscultation of the cardiac puncta maxima (heart sounds, murmurs, arhythmias) No  Yes
- After exercise:*
- 8c Abnormalities in rhythm, abnormal sounds and/or jugular pulsation after sufficient increase in pulse rate? No  Yes



## 9. Airways

### At rest:

9a Abnormalities at palpation of upper airway lymph glands? No  Yes

9b Abnormalities in type or rate of respiration? No  Yes

9c Abnormalities during auscultation of the trachea or bilateral auscultation of the thorax? No  Yes

9d Is nasal discharge or coughing noticed? No  Yes

9e Type of nasal discharge:

### During exercise:

9f Abnormal audible respiratory sounds? No  Yes

### After exercise:

9g Abnormalities detected within airways following exercise (respiratory rate, abnormal sounds or discharge)? No  Yes

## 10. Limbs

### Examination at rest:

10a Abnormalities in limb angulation or toe-pastern axis? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

10b Abnormalities in hoof symmetry (size and shape: pairwise comparison)? In front: No  Yes   
Behind: No  Yes

10c Abnormalities in shoeing from a standard open shoe? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

10d Abnormalities in the conformation/shape of the hoof (walls, heels, sole, flares coronary band, horn quality or symmetry)? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

10e Abnormalities during examination and palpation of flexor- and extensor muscles? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

10f Abnormalities during palpation of the bones of the upper and lower limbs? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

10g Abnormalities during palpation of joints and tendon sheaths of the limbs? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

10h Abnormalities during palpation of suspensory ligaments, tendons or other ligaments including tendons and ligaments in the fetlock/pastern region? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

## 11. Examination during exercise:

### At the walk on a firm surface:

11a Abnormalities in the landing-, weightbearing- and/or or protraction phases of the hoof in relation to the limb conformation? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

11b Abnormalities in movement during tight turns? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

### At the trot on a firm surface:

11c Any gait abnormalities / lameness? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

11d Abnormalities during or after flexion of the entire limb? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

### Lunging on a firm surface:

11e Any gait abnormalities / lameness? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

### Lunging on soft surface / arena:

11f Any gait abnormalities / lameness in trot? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

### Lunging on soft surface / arena:

11g Any gait abnormalities / lameness in canter? RF: No  Yes   
LF: No  Yes   
RH: No  Yes   
LH: No  Yes

11h Signs of ataxia? In front: No  Yes   
Behind: No  Yes

11i Any registered abnormalities in the horse's reaction when doing rein-back (4-6 steps)? No  Yes

## 12. Ridden assessment

### Recommended provided the fitness of the horse allows so:

12a Not performed  Reason for not performing:

12b Horse ridden by:

12c Can the horse be assessed ridden at all paces on both reins? No  Yes

12d Does the horse show signs of aversion or resistance to being ridden on both reins? No  Yes

## 13. Behaviour

13a Does the horse show signs of abnormal behaviour during the clinical assessment? No  Yes

## 14. Additional examinations or reports:

14a Report of pre-examination arrangements:

14b Addendum no.

14c Has a radiographic examination taken place? No  Yes

14d Addendum no.

14e Extended examination deemed required for the following organ system: No  Yes

14f Report:

14g Has a blood sample been obtained for medication control? No  Yes

14h Additional supplementary comments: No  Yes

14i Addendum no.