

VIRGINIA EQUINE IMAGING PRE-PURCHASE EXAMINATION

Date: _____

Buyer: _____

Payment: **credit card** **check** **cash** **Circle One**

Address: _____

Phone and or Email: _____

Horse's Name: _____ **Age** **Sex**

Color **Breed** **Use**

Temp: **Pulse:** **Resp:**

Physical Findings/Conformation: _____

ECG: **YES** **NO** **ENDOSCOPY:** **YES** **NO**

BLOOD WORK: **COGGINS** **CBC/CHEM** **DRUGSCREEN**

PHYSICAL EXAM:

CARDIO:

RESP:

GI:

NEURO:

BACK:

MUSCULOSKELETAL EXAM:

LF: FLEXION: **MILD** **MODERATE** **SEVERE**

HOOF TESTERS:

RF: FLEXION: **MILD** **MODERATE** **SEVERE**

HOOF TESTERS:

LH: FLEXION: **MILD** **MODERATE** **SEVERE**

HOOF TESTERS:

RH: FELXION: **MILD** **MODERATE** **SEVERE**

HOOF TESTERS:

EXERCISE:

RADIOGRAPHS: **FEET** **FETLOCKS** **HOCKS** **STIFLES**

ADD'L FINDINGS