

General and clinical examination

	normal	abnormal
conformation and stance condition	<input type="checkbox"/>	<input type="checkbox"/>
skin and coat	<input type="checkbox"/>	<input type="checkbox"/>
mucous membranes	<input type="checkbox"/>	<input type="checkbox"/>
lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>
eyes and eyelids	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory system		
respiration at rest	<input type="checkbox"/>	<input type="checkbox"/>
type of respiration	<input type="checkbox"/>	<input type="checkbox"/>
spontaneous coughing	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
larynx sensitivity	<input type="checkbox"/>	<input type="checkbox"/>
respiration after exercise	<input type="checkbox"/>	<input type="checkbox"/>
abnormal sounds	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
laryngoscopy performed	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
laryngoscopy findings	<input type="checkbox"/>	<input type="checkbox"/>
Circulatory system		
peripheral circulation	<input type="checkbox"/>	<input type="checkbox"/>
heart at rest	<input type="checkbox"/>	<input type="checkbox"/>
heart after exercise	<input type="checkbox"/>	<input type="checkbox"/>
Digest. system (ext. insp.)	<input type="checkbox"/>	<input type="checkbox"/>
mouth, teeth, tongue	<input type="checkbox"/>	<input type="checkbox"/>
Urogen. system (ext. insp.)	<input type="checkbox"/>	<input type="checkbox"/>
Nervous system		
tail tone	<input type="checkbox"/>	<input type="checkbox"/>
correction reflexes	<input type="checkbox"/>	<input type="checkbox"/>
coordination	<input type="checkbox"/>	<input type="checkbox"/>

Inspection, palpation and eventual percussion

	normal	abnormal
head	<input type="checkbox"/>	<input type="checkbox"/>
neck	<input type="checkbox"/>	<input type="checkbox"/>
withers	<input type="checkbox"/>	<input type="checkbox"/>
back	<input type="checkbox"/>	<input type="checkbox"/>
croup	<input type="checkbox"/>	<input type="checkbox"/>
left frontlimb	<input type="checkbox"/>	<input type="checkbox"/>
right frontlimb	<input type="checkbox"/>	<input type="checkbox"/>
left hindlimb	<input type="checkbox"/>	<input type="checkbox"/>
right hindlimb	<input type="checkbox"/>	<input type="checkbox"/>
Hooves		
horn quality	<input type="checkbox"/>	<input type="checkbox"/>
hoof percussion	<input type="checkbox"/>	<input type="checkbox"/>
hoof shape	<input checked="" type="checkbox"/> even	<input type="checkbox"/> uneven
shoeing	<input checked="" type="checkbox"/> no	<input type="checkbox"/> front / front and hind
type of shoeing	<input type="checkbox"/>	<input type="checkbox"/>

Walk, trot and canter

	normal	abnormal
Walking on hard surface		
straight line	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>
Trotting on hard surface		
straight line	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>
Trotting on soft surface		
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>
Cantering on soft surface		
small circle on the left	<input type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input type="checkbox"/>	<input type="checkbox"/>

Flexion tests:

Forced flexion:

LF not sensitive / ~~sensitive~~

RF not sensitive / ~~sensitive~~

LH not sensitive / ~~sensitive~~

RH not sensitive / ~~sensitive~~

Trotting after 1 min. flexion:

LF

RF

LH

RH

Radiological examination performed: yes no

Number of X rays: _____

Assessment of radiographs:

		Grading	
Navicular bone	LF	<input type="checkbox"/>	RF <input type="checkbox"/>
Fetlock joint	LF	<input type="checkbox"/>	RF <input type="checkbox"/>
Sesamoid bones	LF	<input type="checkbox"/>	RF <input type="checkbox"/>
Tarsal joint	LH	<input type="checkbox"/>	RH <input type="checkbox"/>

	Fragments		Remarks
	-	+	
Fetlock joint	LF <input type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	RF <input type="checkbox"/>	<input type="checkbox"/>	
Stifle joint	LH <input type="checkbox"/>	<input type="checkbox"/>	
Stifle joint	RH <input type="checkbox"/>	<input type="checkbox"/>	
Tarsal joint	LH <input type="checkbox"/>	<input type="checkbox"/>	
Tarsal joint	RH <input type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	LH <input type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	RH <input type="checkbox"/>	<input type="checkbox"/>	

Radiological exam of other parts / extra findings:

Other remarks:
