



# EQUINE SPORTS MEDICINE OF MARYLAND

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## PRE PURCHASE EXAMINATION

Horse : \_\_\_\_\_ Purchaser : \_\_\_\_\_  
 Age : \_\_\_\_\_ Location : \_\_\_\_\_  
 Breed : \_\_\_\_\_ Persons Present : \_\_\_\_\_  
 Intended Use : \_\_\_\_\_ Date Examined : \_\_\_\_\_

### HISTORY

Level of work at this time : \_\_\_\_\_  
 Current medications and/or supplements : \_\_\_\_\_  
 Current diet and/or special dietary concerns : \_\_\_\_\_  
 Physical and Joint maintenance : \_\_\_\_\_  
 Current vaccinations : \_\_\_\_\_  
 Current deworming : \_\_\_\_\_  
 Microchip : \_\_\_\_\_  
 Other noted history/surgery : \_\_\_\_\_

### PHYSICAL EXAMINATION

**Body Condition Score :**  \_\_\_\_\_

**Ophthalmic Exam :**

Left Eye :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	_____
Right Eye :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	_____
Third Eyelids :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	_____
Ocular Discharge :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	_____
History of ophthalmic issues :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	_____
PLR, menace, and dazzle response :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	_____

**Cardiovascular Exam :**

Heart rate :	<input type="checkbox"/>	Within normal limits	
Jugular veins :	<input type="checkbox"/>	Bilaterally patent	<input type="checkbox"/> _____
Left auscultation :	<input type="checkbox"/>	No murmurs detected	<input type="checkbox"/> _____
Right auscultation :	<input type="checkbox"/>	No murmurs detected	<input type="checkbox"/> _____

Arrhythmias :	<input type="checkbox"/>	Normal rhythm	<input type="checkbox"/>	
<b>Respiratory Exam :</b>				
Respiration rate :	<input type="checkbox"/>	Within normal limits		
Nasal discharge :	<input type="checkbox"/>	Absent	<input type="checkbox"/>	Present
Pharynx palpated externally :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Scar indicative of airway surgery :	<input type="checkbox"/>	Not observed/palpable	<input type="checkbox"/>	Questionable scar/finding in area
Left auscultation baseline :	<input type="checkbox"/>	No significant findings	<input type="checkbox"/>	
Right auscultation baseline :	<input type="checkbox"/>	No significant findings	<input type="checkbox"/>	
Rebreathing exam:				
Left :	<input type="checkbox"/>	No cough induced, no nasal discharge, good recovery	<input type="checkbox"/>	
Right :	<input type="checkbox"/>	No cough induced, no nasal discharge, good recovery	<input type="checkbox"/>	
<b>Gastrointestinal System :</b>				
Left auscultation :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Right auscultation :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Perineum region :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Colic scar :	<input type="checkbox"/>	Absent	<input type="checkbox"/>	Present
History of colic surgery :	<input type="checkbox"/>	None known or disclosed	<input type="checkbox"/>	
Oral exam :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Manure :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Last fecal test :	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	
<b>Reproductive System :</b>				
Female	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No - below not applicable
Mammary glands :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Vulva :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
History of hormone management :	<input type="checkbox"/>	None	<input type="checkbox"/>	
History of foaling :	<input type="checkbox"/>	None	<input type="checkbox"/>	
Male	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No - below not applicable
Sheath & penis :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Castration site :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
<b>Nervous System :</b>				
Peripheral nerves :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Cranial nerves :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Tail tone :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	No/poor tail tone

## MUSCULOSKELETAL EXAMINATION

**Symmetry :**

Cranial symmetry :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
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Poll symmetry :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
TMJ symmetry :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Front end symmetry :	<input type="checkbox"/>			
Hind end symmetry :	<input type="checkbox"/>			
History of pelvic injury :	<input type="checkbox"/>	Unknown / none disclosed	<input type="checkbox"/>	

**Cervical Palpation :**

Poll :	<input type="checkbox"/>	Within normal limits No sensitivity to palpation	<input type="checkbox"/>	
Neck :				
Cranial :	<input type="checkbox"/>	Left - Within normal limits No sensitivity to palpation	<input type="checkbox"/>	Right - Within normal limits No sensitivity to palpation
Mid :	<input type="checkbox"/>	Left - Within normal limits No sensitivity to palpation	<input type="checkbox"/>	Right - Within normal limits No sensitivity to palpation
Caudal :	<input type="checkbox"/>	Left - Within normal limits No sensitivity to palpation	<input type="checkbox"/>	Right - Within normal limits No sensitivity to palpation

**Back & Sternal Palpation :**

Withers :	<input type="checkbox"/>	Within normal limits No sensitivity	<input type="checkbox"/>	
Dorsal Midline :	<input type="checkbox"/>	Within normal limits No sensitivity	<input type="checkbox"/>	
Epaxial Muscles :	<input type="checkbox"/>	Within normal limits No sensitivity No fasciculation induced	<input type="checkbox"/>	
Sacral Region :	<input type="checkbox"/>	Within normal limits No sensitivity	<input type="checkbox"/>	
Sternum :	<input type="checkbox"/>	Within normal limits No sensitivity	<input type="checkbox"/>	

**Axial Skeletal Mobility :**

Thoracic Spine :	<input type="checkbox"/>	Flexion -	<input type="checkbox"/>	Extension
Thoracolumbar Spine :	<input type="checkbox"/>	Flexion -	<input type="checkbox"/>	Extension -
Lumbar Spine :	<input type="checkbox"/>	Flexion -	<input type="checkbox"/>	Extension
Lumbosacral & Sacroiliac :	<input type="checkbox"/>	Flexion -	<input type="checkbox"/>	Extension -
Lateral movement :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	

**LIMB PALPATION**

**LEFT FRONT :**

**WEIGHT BEARING**

Proximal Limb :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Shoulder :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	

Biceps Brachii :

Palpation down to insertion :

Within normal limits

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Bicipital Bursa pressure test :

Negative

Positive

Elbow :

Within normal limits

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Forearm :

Within normal limits

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Carpus :

Palpation while weight bearing :

Within normal limits

Dorsal scar

Radiocarpal Joint :

Within normal limits

/5 distension

Intercarpal Joint :

Within normal limits

/5 distension

Carpal Tunnel :

Within normal limits

/5 distension

Carpal Tendon Sheath :

Within normal limits

/5 distension

Extensor Tendon Sheath :

Within normal limits

/5 distension

Metacarpus :

Palpation while weight bearing :

Within normal limits

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Splints :

Within normal limits

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Proximal suspensory ligament :

Within normal limits

--

Palpation :

Within normal limits

--

Compression test :

Negative

Positive

Digital Tendon Sheath :

Within normal limits

/5 distension

Fetlock :

Ankle Joint :

Within normal limits

/5 distension

Interference Mark :

Absent

Present

Fetlock support while holding up  
opposite limb :

Within normal limits

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Pastern :

Palpation :

Within normal limits

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Pastern Joint :

Within normal limits

/5 distension

Collateral Cartilages :

Flexible

Not flexible

Coffin Joint :

Within normal limits

/5 distension

Foot confirmation :

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FLEXED LIMB

Carpus :

Palpation in the flexed position :

Within normal limits

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Range of motion :

Within normal limits

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Flexion in hand :

Within normal limits

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Metacarpus :

Palpation in the flexed position :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Palmar metacarpal soft tissues :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
<b>Fetlock :</b>				
Range of motion :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Flexion in hand :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Extension in hand :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Apical test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Basilar test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
<b>Pastern :</b>				
Palmar Pastern Soft Tissues :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
<b>Shoulder :</b>				
Protraction :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Retraction :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
<b><u>RIGHT FRONT :</u></b>				
<b><u>WEIGHT BEARING</u></b>				
Proximal Limb :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Shoulder :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
<b>Biceps Brachii :</b>				
Palpation down to insertion :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Bicipital Bursa pressure test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Elbow :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Forearm :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
<b>Carpus :</b>				
Palpation while weight bearing :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Radiocarpal Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Intercarpal Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Carpal Tunnel :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Carpal Tendon Sheath :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Extensor Tendon Sheath :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
<b>Metacarpus :</b>				
Palpation while weight bearing :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Splints :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Proximal suspensory ligament :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Palpation :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Compression test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Digital Tendon Sheath :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Fetlock :				

Ankle Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Interference Mark :	<input type="checkbox"/>	Absent	<input type="checkbox"/>	Present
Fetlock support while holding up opposite limb :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
<b>Pastern :</b>				
Palpation :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Pastern Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Collateral Cartilages :	<input type="checkbox"/>	Flexible	<input type="checkbox"/>	Not flexible
Coffin Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Foot confirmation :	<input type="checkbox"/>			

**FLEXED LIMB**

<b>Carpus :</b>				
Palpation in the flexed position :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Range of motion :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Flexion in hand :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
<b>Metacarpus :</b>				
Palpation in the flexed position :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Palmar metacarpal soft tissues :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
<b>Fetlock :</b>				
Range of motion :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Flexion in hand :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Extension in hand :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Apical test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Basilar test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
<b>Pastern :</b>				
Palmar Pastern Soft Tissues :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
<b>Shoulder :</b>				
Protraction :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Retraction :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	

**RIGHT HIND :**

**WEIGHT BEARING**

Gluteal Sensitivity :	<input type="checkbox"/>	None	<input type="checkbox"/>	
Ilium Bounce Test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Proximal Limb :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
<b>Stifle :</b>				
Collateral Ligaments :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Patellar Ligaments :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	

Medial Femorotibial Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Femoropatellar Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Lateral Femorotibial Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Patellar Pressure :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Movement in & out of locked position :	<input type="checkbox"/>	No evidence of upward fixation	<input type="checkbox"/>	
Gaskin :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	

Tarsus :				
Palpation while weight bearing :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Tarsal Tendon Sheath :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Tibiotarsal Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Extensor Tendon Sheath :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Capping :	<input type="checkbox"/>	None	<input type="checkbox"/>	
Curb :	<input type="checkbox"/>	None	<input type="checkbox"/>	

Metatarsus :				
Palpation while weight bearing :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Splints :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Proximal suspensory ligament :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Palpation :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Compression test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Digital Tendon Sheath :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension

Fetlock :				
Ankle Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Interference Mark :	<input type="checkbox"/>	Absent	<input type="checkbox"/>	Present
Fetlock support while holding up opposite limb :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	

Pastern :				
Palpation :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Pastern Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Collateral Cartilages :	<input type="checkbox"/>	Flexible	<input type="checkbox"/>	Not flexible
Coffin Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Foot confirmation :	<input type="checkbox"/>		<input type="checkbox"/>	

**FLEXED LIMB**

Tarsus :				
Palpation in the flexed position :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Churchill Test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Cunean Test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Passive flexion in hand :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	

Range of motion :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Metatarsus :				
Palpation in the flexed position :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Plantar metatarsal soft tissues :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Fetlock :				
Range of motion :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Flexion in hand :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Extension in hand :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Apical test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Basilar test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Pastern :				
Plantar Pastern Soft Tissues :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	

**LEFT HIND :**

**WEIGHT BEARING**

Gluteal Sensitivity :	<input type="checkbox"/>	None	<input type="checkbox"/>	
Ilium Bounce Test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Proximal Limb :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Stifle :				
Collateral Ligaments :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Patellar Ligaments :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Medial Femorotibial Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Femoropatellar Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Lateral Femorotibial Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Patellar Pressure :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Movement in & out of locked position :	<input type="checkbox"/>	No evidence of upward fixation	<input type="checkbox"/>	
Gaskin :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Tarsus :				
Palpation while weight bearing :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Tarsal Tendon Sheath :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Tibiotarsal Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Extensor Tendon Sheath :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Capping :	<input type="checkbox"/>	None	<input type="checkbox"/>	
Curb :	<input type="checkbox"/>	None	<input type="checkbox"/>	
Metatarsus :				
Palpation while weight bearing :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Splints :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Proximal suspensory ligament :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	



Palpation :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Compression test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Digital Tendon Sheath :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension

Fetlock :				
Ankle Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Interference Mark :	<input type="checkbox"/>	Absent	<input type="checkbox"/>	Present
Fetlock support while holding up opposite limb :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	

Pastern :				
Palpation :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Pastern Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Collateral Cartilages :	<input type="checkbox"/>	Flexible	<input type="checkbox"/>	Not flexible
Coffin Joint :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	/5 distension
Foot confirmation :	<input type="checkbox"/>			

**FLEXED LIMB**

Tarsus :				
Palpation in the flexed position :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Churchill Test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Cunean Test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Passive flexion in hand :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Range of motion :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	

Metatarsus :				
Palpation in the flexed position :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Plantar metatarsal soft tissues :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	

Fetlock :				
Range of motion :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Flexion in hand :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Extension in hand :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	
Apical test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
Basilar test :	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive

Pastern :				
Plantar Pastern Soft Tissues :	<input type="checkbox"/>	Within normal limits	<input type="checkbox"/>	

**HOOF TESTERS**

Right Front :	<input type="checkbox"/>	Negative to hoof testers around the periphery and sustained pressure across the heels	<input type="checkbox"/>	
Left Front :	<input type="checkbox"/>	Negative to hoof testers around the periphery and sustained	<input type="checkbox"/>	

Left Hind :	<input type="checkbox"/>	pressure across the heels	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	Negative to hoof testers around the periphery and sustained pressure across the heels	<input checked="" type="checkbox"/>	Mildly resistant to extension of limb behind him
Right Hind :	<input type="checkbox"/>	Negative to hoof testers around the periphery and sustained pressure across the heels	<input checked="" type="checkbox"/>	Mildly resistant to extension of limb behind him

## MOVEMENT EVALUATION

Baseline in hand :

Flexions :	Distal	Proximal	
Left Front			
Right Front			
Left Hind			
Right Hind			

## DIAGNOSTICS

Radiography :	<input type="checkbox"/>	Performed	<input type="checkbox"/>	Declined
Ultrasound :	<input type="checkbox"/>	Performed	<input type="checkbox"/>	Declined
Endoscopy :	<input type="checkbox"/>	Performed	<input type="checkbox"/>	Declined

## LABORATORY PROCEDURES

Coggins :	<input type="checkbox"/>	Current in last 6 months	<input type="checkbox"/>	Pending
Complete Blood Count / Chemistry :	<input type="checkbox"/>	Pending	<input type="checkbox"/>	Declined
Drug Screen :	<input type="checkbox"/>	Pending	<input type="checkbox"/>	Declined
Lyme Multiplex :	<input type="checkbox"/>	Pending	<input type="checkbox"/>	Declined