

Date of evaluation: _____

2. **Health History at Retraining Facility** (to be completed by retraining facility veterinarian)

Body condition score (1-9)		
Abnormalities on physical examination (leave blank if none)	Eyes:	Oral / Dental:
	Skin:	Heart:
	Lungs:	Other:
Visible soundness issues		

Known injury / injuries:

	LF	RF	LH	RH
FOOT				
Laminitis				
P3 fracture				
Other				
PASTERN				
Osteoarthritis (ringbone)				
P2 fracture				
P2 bone cyst				
Other				
FETLOCK				
Medial sesamoid fracture				
Lateral sesamoid fracture				
Medial suspensory branch injury				
Lateral suspensory branch injury				
Lateral condylar fracture				
Medial condylar fracture				
Dorsal P1 chip				
Dorsal P1 frontal fracture				
Palmar osteochondral disease				
Osteoarthritis (DJD)				
P1 subchondral bone cyst				
Other				
Soft tissue injury				
SDFT				
DDFT				
Proximal suspensory ligament				
Pastern ligaments				
Other				

	LF	RF
CARPUS		
Distal radial carpal chip(s)		
Distal intermedial carpal chip(s)		
Proximal intermediate carpal / distal radius chip(2)		
C3 slab fracture		
Intercarpal joint osteoarthritis		
Radiocarpal joint osteoarthritis		
Other		
Metacarpal stress fracture		
Humeral stress fracture		
Scapular stress fracture		

	LH	RH
HOCK		
TMT joint osteoarthritis		
DIT joint osteoarthritis		
T3 fracture		
Other		
STIFLE		
Lateral trochlear ridge OCD-related osteoarthritis		
Medial femoral condyle OCD		
Medial femoral condyle bone cyst		
Other		
Tibial stress fracture		
Pelvic stress fracture		

Surgeries	
Vaccination History	

Neurologic Signs:					
Airway:	DDSP <input type="checkbox"/>	Laryngeal Hemiplegia <input type="checkbox"/>	Epiglottic Entrapment <input type="checkbox"/>	Pharyngeal Collapse <input type="checkbox"/>	Other _____

Date of evaluation: _____

Further veterinary recommendations or comments: _____

Secondary issues discovered during retraining before adoption: _____

Has horse been returned to rehoming organization after adoption? Y ____ N ____

3. Suitability

Based on the physical exam and any information provided on the horse's history it appears the horse should be suitable for the following:

Y or N Low level exercise such as trail and pleasure riding several times a week.

Y or N Lower level competition in disciplines such as dressage, hunter/jumpers, pony club and eventing (up to 2ft for jumping disciplines).

Y or N Mid level competition in disciplines such as dressage, hunter/jumpers, pony club and eventing (up to 3ft for jumping disciplines).

Y or N Upper level competition in any discipline including but not limited to dressage, hunter/ jumpers, pony club, barrel racing, and eventing (no height limit for jumping disciplines).

This form has been filled out by a licensed veterinarian. All information is based on a basic physical exam unless stated otherwise. The future soundness of this horse cannot be guaranteed. Only suggested or recommended use of the horse can be noted recognizing unknown prior injuries could exist. A further vet evaluation may be performed at the adopter's expense.

I verify that the information above is true based on the time of the exam.

Signature: _____ Print Name: _____ Date: _____