



## Preferred Session Veterinary Requirements

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location of Exam: \_\_\_\_\_

Owner: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_ Gender: \_\_\_\_\_

### Physical Exam Findings:

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration Rate: \_\_\_\_\_

Body Condition/Score: \_\_\_\_\_

Heart & Lung exam: \_\_\_\_\_

Eye exam: \_\_\_\_\_ Corneal Scar: Yes / No

Teeth / Bite exam: \_\_\_\_\_ Parrot Mouth: Yes / No

Skin / Coat exam: \_\_\_\_\_

GI Tract exam: \_\_\_\_\_

Forelimb & Hindlimb exam: \_\_\_\_\_

Flexion tests: \_\_\_\_\_

**Required X-rays:** 3 Views per Front Foot: DP/ Lateral / 60° DP Navicular without shoe or Navicular Skyline

X-ray Notes: \_\_\_\_\_

Accredited Veterinarian Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Signature: \_\_\_\_\_

State Licensed: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\*PPE's can be done on veterinary letterhead or vet's own forms as long as they include ALL information above.