

# EQUINE INSPECTION FORM

Clients Name Paige FiFe Date of Exam 3/5/26  
 Clinic Name Tecumseh Vet Clinic Clinic Address 2306 E Walnut St  
 Clinic Phone 405-598-3719 Vets Name Colby Carpenter, DVM Tecumseh, OK 74873  
 Horse Name Bobby Breed Half Draft Sex Gelding Color Red Roan  
 Age: (PER EXAMINATION/EVALUTATON) 4 yrs

## Physical Exam Findings:

|                        | Within Normal Limits | Abnormal | Not Examined | Comments               |
|------------------------|----------------------|----------|--------------|------------------------|
| Nutritional Status     | ✓                    |          |              |                        |
| Eyes                   | ✓                    |          |              |                        |
| Ears                   | ✓                    |          |              |                        |
| Mouth/Teeth            | ✓                    |          |              | AGE OF HORSE: <u>4</u> |
| Mucous Membranes       | ✓                    |          |              |                        |
| Lymph Nodes            | ✓                    |          |              |                        |
| Cranial Nerve Function | ✓                    |          |              |                        |
| Cardiovascular         | ✓                    |          |              |                        |
| Integument             | ✓                    |          |              |                        |
| Respiratory            | ✓                    |          |              |                        |
| Gastrointestinal       | ✓                    |          |              |                        |
| Urogenital             | ✓                    |          |              |                        |
| Conformation/Stance    | ✓                    |          |              |                        |
| Muscle Symmetry        | ✓                    |          |              |                        |
| Temperature            | ✓                    |          |              |                        |
| Neck                   | ✓                    |          |              |                        |
| Withers                | ✓                    |          |              |                        |
| Back                   | ✓                    |          |              |                        |
| Loins                  | ✓                    |          |              |                        |
| Croup                  | ✓                    |          |              |                        |

**Physical Exam Findings:**

|                         | Within Normal Limits | Abnormal | Not Examined | Comments |
|-------------------------|----------------------|----------|--------------|----------|
| Left Front              | ✓                    |          |              |          |
| Right Front             | ✓                    |          |              |          |
| Right Hind              | ✓                    |          |              |          |
| Left Hind               | ✓                    |          |              |          |
| Hoof Shapes             | ✓                    |          |              |          |
| Hoof Testers            | ✓                    |          |              |          |
| Left Front Lower Limbs  | ✓                    |          |              |          |
| Left Carpus             | ✓                    |          |              |          |
| Right Front Lower Limbs | ✓                    |          |              |          |
| Right Carpus            | ✓                    |          |              |          |

**Evaluation of Gaits**

|                          | Within Normal Limits | Abnormal | Not Examined | Comments |
|--------------------------|----------------------|----------|--------------|----------|
| Walking on Hard Surface  | ✓                    |          |              |          |
| Trotting on Hard Surface | ✓                    |          |              |          |
| Lunge Line               | ✓                    |          |              |          |
| Under Saddle             |                      |          | ✓            |          |
| Neurological Exam        | ✓                    |          |              |          |

THE PURPOSE OF THIS EXAMINATION IS TO IDENTIFY AND EXAMINE THE INVOLVED HORSE AND TO REPORT TO THE PROSPECTIVE BUYER OR AGENT, THE MEDICAL FACTS BASED ONLY ON WHAT IS FOUND ON THE DAY OF EXAMINATION. THIS CERTIFICATE IS TO NOTE THE EXISTING PROBLEMS AND IS NOT MEANT TO BE PREDICTIVE FOR FUTURE SOUNDNESS.

Comments/Notes :

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

*Colby Capet*

Date: \_\_\_\_\_

*3/5/26*