

MEDICAL HISTORY

PRIMARY VETERINARIAN SECTION:

This section must be completed and signed by the horse's Primary Veterinarian PRIOR to any physical examination/evaluation and provided to the Veterinarian performing the examination. American Humane Society must receive this "Primary Veterinarian Section" a minimum of 48 hours prior to filming.

Name of Horse: _____

Registered/Racing Name: _____

Breed: _____ Sex: _____

Age: _____ Date of Birth: _____

Color and Markings: _____

Tattoo #: _____ Microchip #: _____

Vaccine History (Indicate last date of administration):

Tetanus (Date: _____) EEE/WEE (Date: _____) WNV (Date: _____)

Rabies (Date: _____) EHV (Date: _____) Influenza (Date: _____)

Other: _____ (Date: _____)

Other: _____ (Date: _____)

Does this horse have any current medical problems? YES NO

Has this horse ever had any past medical problems? YES NO

Has this horse ever been diagnosed with or exhibited symptoms of the following conditions?

- Exercised Induced Pulmonary Hemorrhage YES NO
- Exertional Rhabdomyolysis YES NO
- Lameness YES NO
- Injury YES NO
- Colic YES NO

Has this horse ever had any surgical procedures performed? YES NO

Is this horse currently on any medication(s)? YES NO

Has this horse ever been on any medication(s) in the past? YES NO

HORSE RACING MEDICAL FORMS

If you answered yes to any of the above questions, please provide additional information:

MEDICAL PROBLEM or SURGICAL PROCEDURE	DATE DIAGNOSED or DATE OF SURGERY

In the table below, list any medications administered or treatments provided (including joint injections, Shockwave Therapy, Laser Therapy)

MEDICATION or TREATMENT	DOSE	ROUTE OF ADMINISTRATION	FREQUENCY	DATES ADMINISTERED

Please provide a copy of medical records regarding any medical problems, surgical procedures, results of diagnostic tests, and treatments provided.

By checking this box and typing my name, I am electronically signing this form and certifying that the above information is true and accurate to the best of my knowledge.

Signature of Primary Veterinarian: _____

Date: _____

MEDICAL EXAM FORM

EXAMINING VETERINARIAN SECTION:

- PHYSICAL EXAM – To be completed within seven (7) days prior to filming and submitted to American Humane Society upon completion.
- The following section must be completed by the Veterinarian performing the physical examination. Please review the horse’s history provided by the Primary Veterinarian PRIOR to performing the exam. Please discontinue the exam for any of the following reasons:
 1. If the horse has a history of Exercised Induced Pulmonary Hemorrhage
 2. If the horse has a BCS of less than 4 or greater than 5
 3. If the horse is exhibiting ANY signs or symptoms of illness, injury and/or lameness
 4. If the horse is positive to joint flexion and/or palpation of soft tissues
 5. Any criteria that would exclude the horse from performing the required animal action

Name of Horse: _____

Registered/Racing Name: _____

Breed: _____ Sex: _____

Age: _____ Date of Birth: _____

Color and Markings: _____

Tattoo #: _____ Microchip #: _____

1. General Appearance <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE	2. Attitude/Mental Status <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE	3. Oral Cavity/Teeth <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE
4. Mucous Membranes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE	5. Eyes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE	6. Ears <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE
7. Cardiovascular <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE	8. Respiratory <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE	9. Gastrointestinal Motility <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE
10. Musculoskeletal <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE	11. Urogenital <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE	12. Integumentary <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE
13. Nervous System <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE	Temperature:	Heart Rate:
BCS:		Respiratory rate:
Conformation:		

NE: Not Examined; Body Condition Score: 1 - 9, 1 = Extremely Emaciated, 9 = Extremely Fat

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Abnormalities/Comments:

LAMENESS EXAM

Grade Degree of Lameness Observed (on a 0 to 5 scale):

Straight: Left Front (____) Right Front (____) Left Hind (____) Right Hind (____)

L Circle: Left Front (____) Right Front (____) Left Hind (____) Right Hind (____)

R Circle: Left Front (____) Right Front (____) Left Hind (____) Right Hind (____)

No lameness observed on a straight line or in a circle Initials of Veterinarian: _____

Palpation:

Is there any evidence of surgical de-nerving or chemical nerve block? YES NO

If yes, indicate limb(s): _____

For the limb palpation, indicate any reactivity observed: 1+ minimal, 2+ moderate, 3+ marked and note any heat/inflammation, joint effusion, and bone, joint, muscle, or skin abnormalities.

Left Front:

Hoof Testers (____) Tendon/Ligament Palpation (____)

Static Joint Flexion: Distal Limb (____) Carpus (____)

Comments: _____

Right Front:

Hoof Testers (____) Tendon/Ligament Palpation (____)

Static Joint Flexion: Distal Limb (____) Carpus (____)

Comments: _____

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Left Hind:

Hoof Testers (____) Tendon/Ligament Palpation (____)

Static Joint Flexion: Distal Limb (____) Spavin (____) Stifle (____)

Comments: _____

Right Hind:

Hoof Testers (____) Tendon/Ligament Palpation (____)

Static Joint Flexion: Distal Limb (____) Spavin (____) Stifle (____)

Comments: _____

No abnormalities noted on palpation Initials of Veterinarian: _____

Flexion Tests: *Grade Degree of Lameness Observed (on a 0 to 5 scale):*

Left Front:

Distal Limb (____) Carpus (____)

Comments: _____

Right Front:

Distal Limb (____) Carpus (____)

Comments: _____

Left Hind:

Distal Limb (____) Spavin (____) Stifle (____)

Comments: _____

Right Hind:

Distal Limb (____) Spavin (____) Stifle (____)

Comments: _____

No lameness observed on joint flexion tests Initials of Veterinarian: _____



HORSE RACING MEDICAL FORMS

I DID DID NOT have the opportunity to review the MEDICAL HISTORY provided by the horse's Primary Veterinarian.

SIGNATURE

By checking this box and typing my name, I am electronically signing this form and certifying that I have submitted this Horse Racing Medical Form in good faith, that to the best of my knowledge the information I have provided is true and accurate, and that this animal has been examined by me.

Signature of Veterinarian: _____

These observations made on _____ (date) at _____ (time).

Name of Practice: _____

Address: _____

Phone: _____ E-mail: _____