

# EXAMINATION FOR FULL LOSS OF USE AND MORTALITY COVERAGE

MCNAMARA COMPANY 1330 Hwy 96 St. Paul, MN 55110 Phone 651-426-0607 FAX 651-426-5790

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_ Date: \_\_\_\_\_  
Horse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht.: \_\_\_\_\_ Breed: \_\_\_\_\_  
Current and/or Intended Use: \_\_\_\_\_ Level: \_\_\_\_\_  
Color: \_\_\_\_\_ I.D. #'s - Tattoo: \_\_\_\_\_ AHSA: \_\_\_\_\_ FEI: \_\_\_\_\_ Other: \_\_\_\_\_

For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status. (Circle one.) N/N N/H H/H N/A

Describe type of work the horse has been in the last six months. If at rest or turned out, why?  
\_\_\_\_\_

Pulse and Respiration normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the horse ever had colic surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart auscultation normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Subject to or any previous history of colic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiration auscultation normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History or evidence of a bleeder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Temperature normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History or evidence of nerving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eyes clinically normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any evidence or history of laminitis, club foot, or P3 rotation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Palpations normal? (Note any swelling, heat, stiffness and/or pain.)			Any evidence of infection or disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Contagious diseases on premises or locally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stifles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any symptoms detrimental to satisfactory breeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Knees	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there evidence of objectionable habits? Vices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hocks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If the horse is a stallion, are both testicles evident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fetlocks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any major conformation faults, which may affect the horse for its intended use, short or long term?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tendons and Ligaments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type and schedule of worming program: _____		
Hoof tester results negative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Properly shod?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is the stabling and turn out safe and adequate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Are you the usual veterinarian for the applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

*If any are answered yes, please explain on a separate page.*

**Note:** Ultrasound and/or x-rays may be necessary if palpation results are found to be significantly abnormal. If tendons and/or ligaments are found to be abnormal, an ultrasound examination will be necessary.

Have you or any other veterinarians attended the horse for any ailment, injury, lameness, or medical problem in the last year? Yes  No   
Are you aware of any pre-existing conditions? Yes  No   
*If any are answered yes, please explain on a separate page.*

**Drug Screen Results:** Required for horses valued over \$25,000. **Must be taken at the time of the exam.** Please attach results.

**Active and Passive Flexion Test Results:** Active test with the horse jogging immediately on a hard surface.  
Written Evaluation:  
\_\_\_\_\_

**X-rays:** Must be current within 3 months. Please list below all radiographic findings, especially those that may affect the horse's long and short-term intended use. If possible, use any previous X-rays for comparisons, i.e. navicular. All views listed below are required for Full Loss of Use coverage. If additional views were taken, please describe results. Use a separate page if necessary.

Front Feet – Lateromedial, dorsal ventral, navicular skyline:  
Front Fetlocks – A/P views:  
Hind Fetlocks – A/P views:  
Hocks – Lateral projection, craniocaudal projection, both oblique:  
Stifles – Lateromedial views:

Give your general evaluation for the above named horse, and your professional opinion on soundness, both short and long-term, for its intended use.  
\_\_\_\_\_

I (print name) \_\_\_\_\_, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of \_\_\_\_\_, and that I have on this day examined the above named horse.  
**Veterinarian's signature:** \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

I (print name) \_\_\_\_\_, as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the best of my ability accurate and complete information on the above named horse.  
**Owner, trainer, or primary caretaker's signature:** \_\_\_\_\_ Date: \_\_\_\_\_