YOUR MANE INSURANCE SOURCE 877 Noyes Rd., Arroyo Grande, CA 93420 Phone: (805) 473-2227 Fax: (805) 473-0202 Lic #: 0B57610

LAUREL FOWLER INSURANCE BROKER INC.

LOSS OF USE RENEWAL EXAMINATION

| GENERAL AND CLIN | ICAL EXAM: | normal | | any abnormal fi | ndings | |
|---|------------------------|-----------------------------|----------------------|------------------|-------------------|-------|
| Body Condition: | | | | | | |
| Eyes: | | | | | | |
| Palpation of Back: | | | | | | |
| Examination for lamenes trot in a straight line and both directions on a hard | small circles in | | | | | |
| Inspection of Stifles: | | | | | | |
| Fixation of the patella: | | oossible oossible | possible possible | | | |
| Left forelimb Right forelimb Left hindlimb Right hindlimb Comment on positive fle | Flexion Tests neg. pos | - - - nal findings | Palpation of L yes | imbs Normal? no | Response to Hoo | no no |
| Is this animal currently r | eceiving any per | formance | enhancing thera | py or medicatior | as?: | |
| Are you aware of any inj | ury, unsoundnes | ss or diseas | se this horse has | been treated for | in the past year? | |
| Are you the regular atter | nding vet? | | | | | |
| Signature of Veterinarian | n | | | - Da | te of Exam | |
| Address | | | | - <u></u> Ph | one Number | |