

Equine Medical Examination Checklist

Date of Examination

Horse Name

Breed

Age

Sex

Owner Name

General Examination

Item	Notes
<input type="checkbox"/> Attitude/Behavior	<input type="text"/>
<input type="checkbox"/> Body Condition Score	<input type="text"/>
<input type="checkbox"/> Weight	<input type="text"/>
<input type="checkbox"/> Temperature	<input type="text"/>
<input type="checkbox"/> Pulse	<input type="text"/>
<input type="checkbox"/> Respiratory Rate	<input type="text"/>
<input type="checkbox"/> Mucous Membranes	<input type="text"/>
<input type="checkbox"/> Capillary Refill Time	<input type="text"/>

Detailed Physical Examination

System	Findings/Notes
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<input type="checkbox"/>	Head & Eyes	
<input type="checkbox"/>	Oral Cavity/Teeth	
<input type="checkbox"/>	Ears/Nostrils/Throat	
<input type="checkbox"/>	Neck/Trachea	
<input type="checkbox"/>	Lungs	
<input type="checkbox"/>	Heart	
<input type="checkbox"/>	Digestive System	
<input type="checkbox"/>	Musculoskeletal System	
<input type="checkbox"/>	Skin/Coat	
<input type="checkbox"/>	Limbs & Hooves	
<input type="checkbox"/>	Urogenital System	
<input type="checkbox"/>	Nervous System	

Additional Observations

Veterinarian's Recommendations