

FEDERATION	
Examining Veterinarian	FEI ID
Location of Exam	Date
Horse	
Passport ID	Microchip #
•	
Vaccines (can include photo of passport)	

Treatment history (6 months minimum), including names of treating Veterinarians. *If any lameness noted, please describe in detail (include dates):*

Feed		Supplements			
PHYSICAL EXAMINATION: Note findings or within normal limits					
Eyes	Auscultation	of Heart/Lungs			
T/P/R	н	oof condition			
General body condition					
, Palpation of neck, back, knees, s	ifles, hocks, fetlocks, te	endons & ligame	ents		
Soundness exam (RF, LF, RH, LH,	overall) – method of ex	am is at Veterin	arian's discretion		
Upon examination, to the best of my knowledge, this horse is:					
Veterinarian signature		Athlete	signature		