



# LEG HEALTH EXAM

**RETURN TO THE EUROPEAN BRABANT REGISTRY OF AMERICA:**

**EMAIL** Registrar@europeanbrabant.com | **ADDRESS** 407 Woodland Rd Mercer, PA 16137. When marking this form by hand, please use block lettering and fill circles and check boxes in completely.

HORSE OWNER PRINTED NAME

SIGNATURE

PHONE

EMAIL

HORSE'S REGISTERED NAME

REGISTRATION NUMBER IF APPLICABLE

DATE OF BIRTH

PLEASE KEEP MY REPORT PRIVATE

PLEASE MAKE MY REPORT

AVAILABLE TO EBRA MEMBERS

**MEASUREMENTS:**

FRONT LIMB DIAMETER: Circumference measured directly below the carpus

RIGHT	LEFT
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REAR LIMB DIAMETER: Circumference measured directly under the hock

RIGHT	LEFT
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COAT COLOR

**FEATHERS:**

NONE

FINE

SOME

MEDIUM

HEAVY

COARSE

**HORSE OWNERS, PLEASE RESPOND TO THE FOLLOWING:**

DESCRIBE YOUR HORSE'S LIVING CONDITIONS IE: PASTURE, STALL, DIRT LOT, COMBINATION THEREOF

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DESCRIBE YOUR HORSE'S LEVEL OF ACTIVITY IE: NOT ACTIVE, SOMEWHAT ACTIVE, OR VERY ACTIVE

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LIST ANY ENVIROMENTAL CONCERNS LIKE EXCESSIVE HEAT, HUMIDITY, OR MUD THAT MAY IMPACT YOUR HORSE'S LEG HEALTH

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SHARE ANY INJURIES OR ILLNESSES THAT AFFECT HORSE'S SOUNDNESS

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HORSE'S NAME/REG # \_\_\_\_\_

**FOR VETERINARIAN EVALUATION ONLY**

Examine legs for crusting, sores and/or ulcers then check the box that best describes each

Free of crusting, scabbing and/or scaling	Some crusting, scaling and/or scabbing present	Open lesions, ulcers and/or sores that are bloody and/or weeping
<input type="checkbox"/> Left Front	<input type="checkbox"/> Left Front	<input type="checkbox"/> Left Front
<input type="checkbox"/> Right Front	<input type="checkbox"/> Right Front	<input type="checkbox"/> Right Front
<input type="checkbox"/> Left Rear	<input type="checkbox"/> Left Rear	<input type="checkbox"/> Left Rear
<input type="checkbox"/> Right Rear	<input type="checkbox"/> Right Rear	<input type="checkbox"/> Right Rear

Evaluate legs for oily build up and/or drainage then check the box that best describes each

Leg feels clean and dry	Leg skin appears slightly oily with a mild build-up of drainage present	Leg shows evidence of significant drainage, foul odor and/or presence of infection
<input type="checkbox"/> Left Front	<input type="checkbox"/> Left Front	<input type="checkbox"/> Left Front
<input type="checkbox"/> Right Front	<input type="checkbox"/> Right Front	<input type="checkbox"/> Right Front
<input type="checkbox"/> Left Rear	<input type="checkbox"/> Left Rear	<input type="checkbox"/> Left Rear
<input type="checkbox"/> Right Rear	<input type="checkbox"/> Right Rear	<input type="checkbox"/> Right Rear

Palpate legs for nodules and/or lumps then check the box that best describes each

No evidence of skin nodules and/or lumps	Presence of nodules and/or lumps below the fetlock	Presence of nodules and/or lumps up-to and above the fetlock
<input type="checkbox"/> Left Front	<input type="checkbox"/> Left Front	<input type="checkbox"/> Left Front
<input type="checkbox"/> Right Front	<input type="checkbox"/> Right Front	<input type="checkbox"/> Right Front
<input type="checkbox"/> Left Rear	<input type="checkbox"/> Left Rear	<input type="checkbox"/> Left Rear
<input type="checkbox"/> Right Rear	<input type="checkbox"/> Right Rear	<input type="checkbox"/> Right Rear



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HORSE'S NAME/REG #

Evaluate legs for signs of edema then check the box that best describes each

No evidence of edema	Presence of mild edema	Presence of significant edema
<input type="checkbox"/> Left Front	<input type="checkbox"/> Left Front	<input type="checkbox"/> Left Front
<input type="checkbox"/> Right Front	<input type="checkbox"/> Right Front	<input type="checkbox"/> Right Front
<input type="checkbox"/> Left Rear	<input type="checkbox"/> Left Rear	<input type="checkbox"/> Left Rear
<input type="checkbox"/> Right Rear	<input type="checkbox"/> Right Rear	<input type="checkbox"/> Right Rear

Evaluate the horse for soundness. If impaired or immobile, please provide annotations in the comments section of the form

Appears sound and normal

Appears impaired and/or immobile

<b>Comments:</b>

VETERINARIAN'S PRINTED NAME	SIGNATURE
PHONE	EMAIL
DATE OF EXAM MM/DD/YYYY	