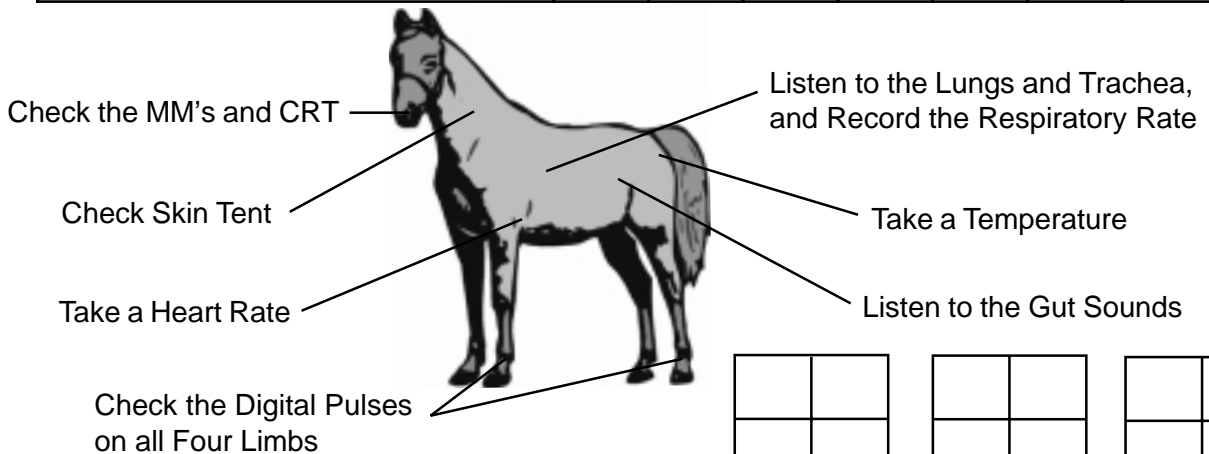


# Physical Exam Sheet For \_\_\_\_\_

(Name of the horse)

When problems arise, this page can be used to record basic data on a horse. Compare these numbers with the ones previously collected in the Health Record on page I 308 of the Appendix. For help on collecting the following information, see I 308 and Section B.

|                                     |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|
| Date and Time                       |  |  |  |  |  |  |  |
| Heart Rate (Beats/Min)              |  |  |  |  |  |  |  |
| Respiratory Rate (Breaths/Min)      |  |  |  |  |  |  |  |
| Temperature (Degrees Fahrenheit)    |  |  |  |  |  |  |  |
| Capillary Refill Time (CRT) in Sec. |  |  |  |  |  |  |  |
| Mucous Membranes                    |  |  |  |  |  |  |  |
| Skin Tent (Y=yes, N=No)             |  |  |  |  |  |  |  |



|  |  |  |  |  |  |
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|  |  |  |  |  |  |

(Use one box for all four quadrants and record the date and time. Refer to page I 308.)

(Use one box for all four feet and record the date and time when the pulse was taken. Refer to I 308 page 2 for additional help.)

**Problems Noted:**

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Once a problem has been identified, it is advisable to contact a veterinarian. If any of the following occurs, contact a veterinarian immediately:

1. The skin tents and remains raised/tented.
2. The temperature, respiratory, and heart rates remain abnormally high or low.
3. There are no gut sounds or very active guts sounds for an extended period of time, especially if the horse is in pain.
4. The horse is experiencing pain that does not subside.