

Firm Name
Address
City/State
Phone/Fax



REPORT OF RADIOGRAPHIC FINDINGS

SALE _____ REVIEWING VET _____
SUBJECT HORSE _____ X-RAYS TAKEN BY (VET/FIRM) _____
HIP # _____ DATE _____
CLIENT _____ LOCATION _____

SCOPE GRADE: _____

FINDINGS:	JOINT SUMMARY (OPTIONAL) NSF • MILD • MODERATE • SEVERE
Left Front Fetlock:	
Right Front Fetlock:	
Left Carpus:	
Right Carpus:	
Left Hind Fetlock	
Right Hind Fetlock:	
Left Tarsus:	
Right Tarsus:	
Left Stifle:	
Right Stifle:	
Additional Comments/Summary:	

This report and the findings contained herein are solely for the addressee and may not be used or relied upon by any other person or entity without the express written consent of the undersigned veterinarian. The interpretation of radiographs and findings may vary with the examiner, the type of examination requested, method of examination and a horse's changing condition. This is a report of the undersigned's findings, based on the type of examination requested of the undersigned veterinarian, on the date indicated. This report is limited to the findings contained herein and no other findings or opinions should be inferred beyond those expressly set forth herein. **This report does not constitute a warranty or guarantee of any kind.** This report is for use on horses intended for public auction while meeting requirement of repositories currently in operation. It is not intended to be all inclusive but is meant to supply a workable format of reporting.

The undersigned reviewing veterinarian owns an interest in the subject horse reviewed. Yes No

Reviewing Veterinarian _____ Signature _____ Printed Name _____