DIAGNOSTIC WORKSHEET

Lameness Observation Survey

A worksheet to help your veterinarian understand when the change began, what your horse was doing, what you observed, and what has happened since. Complete what you know and leave uncertain information blank.

01 Horse information

Horse _____ **Date completed** _____ **Time** _____

Breed _____ **Age** _____ **Sex** _____ **Height** _____ hands **Weight** _____ lb ☐ est.

Previous lameness or hoof problems ☐ none known ☐ yes _____

Current hoof care ☐ barefoot ☐ shoes ☐ boots ☐ other _____

Last trim or shoeing _____ **Usual interval** _____ weeks **Recent hoof-care change** ☐ no ☐ yes _____

02 When and how did it start?

Last known sound — date _____ **time** _____ **First noticed abnormal — date** _____ **time** _____

First noticed while ☐ standing ☐ walking ☐ turnout ☐ riding ☐ other _____ **Onset** ☐ sudden ☐ gradual ☐ unsure

Immediately beforehand ☐ resting ☐ turnout ☐ riding ☐ training ☐ jumping ☐ trail ☐ trailer ☐ farrier ☐ other

Activity duration and workload _____

Known incident ☐ no ☐ yes ☐ unsure — if yes: ☐ slip ☐ fall ☐ stumble ☐ kick ☐ trapped limb ☐ other _____

Footing ☐ arena ☐ grass ☐ hard ☐ rocky ☐ muddy ☐ uneven ☐ road ☐ other _____

Recent change in routine, workload, footing, turnout or travel ☐ no ☐ yes _____

03 What did you observe?

Suspected limb ☐ LF ☐ RF ☐ LH ☐ RH ☐ multiple ☐ unsure **Severity** ☐ mild ☐ moderate ☐ severe ☐ non-weight-bearing

At rest ☐ weight shifting ☐ pointing ☐ camped stance ☐ reluctant to move ☐ lying down more

Moving ☐ shortened stride ☐ head nod ☐ hip hike ☐ stumbling ☐ reluctant to turn

Hoof ☐ heat ☐ increased digital pulse ☐ swelling ☐ wound ☐ lost shoe ☐ crack ☐ drainage ☐ none noticed

Versus opposite limb ☐ warmer ☐ stronger pulse ☐ swelling ☐ unsure

Most noticeable ☐ walk ☐ trot ☐ turns ☐ hard footing ☐ soft footing ☐ after rest ☐ during work

Since onset ☐ better ☐ worse ☐ unchanged ☐ comes and goes

04 Video, photos and records

Video available ☐ yes ☐ no **When** _____ **Shows** ☐ standing ☐ walk ☐ trot ☐ turn ☐ before onset

Video surface and footing _____ **Direction filmed** _____ **Can send to vet** ☐ yes ☐ no

Photos available ☐ yes ☐ no — of: ☐ hoof ☐ stance ☐ swelling ☐ other **Previous records or imaging** ☐ yes ☐ no

05 Medications and treatments since onset

Medication given ☐ no ☐ yes **Name** _____ **Dose** _____ **Time** _____ **Route** _____

Given by ☐ veterinarian ☐ owner ☐ trainer ☐ other **Reason** _____

Other treatments ☐ ice or cryotherapy ☐ soaking ☐ bandage ☐ poultice ☐ hoof boot ☐ other _____

Start time _____ **Duration and frequency** _____

Movement since onset ☐ none ☐ limited ☐ walked ☐ exercised **Veterinarian-directed** ☐ yes ☐ no

☐ not yet evaluated

06 Additional information

Recent diet or feed change ☐ no ☐ yes _____ **Recent illness, fever, travel or competition** ☐ no ☐ yes _____

Anything else unusual before or after onset

Your questions for the veterinarian

Important Do not repeatedly exercise, circle, or force a severely lame or non-weight-bearing horse to demonstrate lameness. Follow your veterinarian's instructions for movement, medication, cryotherapy, and hoof support. Contact your veterinarian promptly if sudden or severe lameness occurs.