

VETERINARIAN'S STATEMENT OF EXAMINATION
For Horses



Producer's Name _____ Agency Code _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____
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Horse Name: _____	Date of Birth: _____	Sex: _____	Use: _____
For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status (check one.) <input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H <input type="checkbox"/> N/A Has the horse experienced any HYPP signs or symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			
Pulse and Respiration normal at rest and after work? <input type="checkbox"/> Yes <input type="checkbox"/> No Heart auscultation normal at rest and after work? <input type="checkbox"/> Yes <input type="checkbox"/> No Respiration auscultation normal at rest and after work? <input type="checkbox"/> Yes <input type="checkbox"/> No Temperature normal? <input type="checkbox"/> Yes <input type="checkbox"/> No Eyes clinically normal? <input type="checkbox"/> Yes <input type="checkbox"/> No Palpitations normal? Back <input type="checkbox"/> Yes <input type="checkbox"/> No Stifles <input type="checkbox"/> Yes <input type="checkbox"/> No Knees <input type="checkbox"/> Yes <input type="checkbox"/> No Hocks <input type="checkbox"/> Yes <input type="checkbox"/> No Fetlocks <input type="checkbox"/> Yes <input type="checkbox"/> No Tendons and Ligaments <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note any swelling, heat, stiffness and/or pain for any answer "No".) Hoof tester results negative? <input type="checkbox"/> Yes <input type="checkbox"/> No Properly shod? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the stabling and turn out safe and adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No If any are answered no, please explain on a separate page	Has the horse ever had colic surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No Subject to or any previous history of colic? <input type="checkbox"/> Yes <input type="checkbox"/> No History or evidence of a bleeder? <input type="checkbox"/> Yes <input type="checkbox"/> No History or evidence of nerving? <input type="checkbox"/> Yes <input type="checkbox"/> No Any evidence or history of laminitis, club foot, or P3 rotation? <input type="checkbox"/> Yes <input type="checkbox"/> No Any evidence of infection or disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Contagious diseases on premises or locally? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there evidence of objectionable habits? Vices? <input type="checkbox"/> Yes <input type="checkbox"/> No Any history of uncharacteristic behavior in the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Any major conformation faults, which may affect the horse for its intended use, short or long term? <input type="checkbox"/> Yes <input type="checkbox"/> No Any evidence of lameness jogging straight or on circles in both directions? <input type="checkbox"/> Yes <input type="checkbox"/> No Any evidence of bone or joint disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the horse subject to chronic metritis and/or mastitis? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the horse pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give expected date of birth: _____ If the horse is a breeding horse, to your knowledge is there any history of gestation, lactation or parturition problems? . <input type="checkbox"/> Yes <input type="checkbox"/> No If any are answered yes, please explain on a separate page.		
Are you the usual veterinarian for the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, have you treated/examined this horse previously? Explain:			

Are you aware if the horse has received any performance enhancing procedures, including intramuscular and/or joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? Yes No

Have you or any other veterinarians attended the horse for any ailment, injury, lameness, or medical problem in the last 12 months? Yes No

Has the horse ever undergone surgery? Yes No

Are you aware of any condition, past or present that could require surgical or medical attention in the next 12 months? Yes No

Are you aware of any history of unsoundness, injury or disease on this horse? Yes No

Other findings or remarks? _____

Provide details of any degenerative changes, bone spurs, chips or osteochondrosis seen on any radiographs taken.
If any are answered yes, please explain on a separate page.

If Loss of Use Coverage is being requested, please complete the following:

X-rays: Must be current within 30 days. Please list below all radiographic findings, especially those that may affect the horse's long term and short-term intended use. If possible, use any previous X-rays for comparisons, i.e. navicular. All views listed below are required for Full Loss of Use coverage. If additional views were taken, please describe results. Use a separate page if necessary. **Note NSF and WNL are not acceptable descriptions for findings.**

Front Feet - Lateromedial, dorsal ventral, navicular skyline:

Front Fetlocks - A/P views:

Hind Fetlocks - A/P views:

Hocks - Lateral projection, craniocaudal projection, both oblique:

Stifles - Lateromedial views:

Give your general evaluation for the above named horse, and your professional opinion on soundness, both short and long term, for its intended use.

Veterinarian's Signature

Date

Telephone Number

Veterinarian's Address: _____