VETERINARIAN'S STATEMENT OF EXAMINATION For Horses



Producer's Name	Applicant's Name
Agency Code	Mail Address
Mail Address	-
	City, ST Zip
City, ST Zip	Phone
Phone	Fax
Fax	E-Mail Address
E-mail Address	
Horse Name: Date of Birth	
•	please indicate the horse's HYPP status <i>(check one.)</i> N/N N/H H/H N/A
Has the horse experienced any HYPP signs or symptoms?. ☐Yes ☐No If Yes, ple Pulse and Respiration normal at rest and after work? ☐ Yes ☐ No	Has the horse ever had colic surgery? Yes No
Heart auscultation normal at rest and after work?	Subject to or any previous history of colic?
Respiration auscultation normal at rest and after work?	
Temperature normal?	History or evidence of nerving?
Eyes clinically normal?	Any evidence or history of laminitis, club foot, or P3 rotation? Yes No
Palpations normal? Back Yes No	Any evidence of infection or disease?
Stifles Yes No	Contagious diseases on premises or locally? Yes No
Knees Yes No	Is there evidence of objectionable habits? Vices? Yes No
Hocks Yes No	Any history of uncharacteristic behavior in the last 24 months? Yes No
Fetlocks	Any major conformation faults, which may affect the horse for its intended use, short or long term? ☐ Yes ☐ No
(Please note any swelling, heat, stiffness and/or pain for any answer "No".)	
Hoof tester results negative? Yes No	Any evidence of lameness jogging straight or on circles in both directions? ☐ Yes ☐ No
Properly shod? Yes No	Any evidence of bone or joint disease? Yes No
Is the stabling and turn out safe and adequate? Yes \(\subseteq No	Is the horse subject to chronic metritis and/or mastitis? Yes No
If any are answered no, please explain on a separate page	Is the horse pregnant? Yes
	If Yes, give expected date of birth:
Are you the usual veterinarian for the applicant?	If the horse is a breeding horse, to your knowledge is there
If no, have you treated/examined this horse previously? Explain:	any history of gestation, lactation or parturition problems? . Yes No
	If any are answered yes, please explain on a separate page.
Are you aware if the horse has received any performance enhancing procedul	res, including intramuscular and/or joint injections, any type of
medication long or short term, or any preventative treatments in the last 12 months?	
Has the horse ever undergone surgery?	
Are you aware of any condition, past or present that could require surgical or medical attention in the next 12 months?	
Are you aware of any history of unsoundness, injury or disease on this horse?	
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.	
Vatarinarian'a Ciaratura	Doto Talanhara Nisrahar
Veterinarian's Signature	Date Telephone Number
Veterinarian's Address:	