VETERINARIAN'S STATEMENT OF EXAMINATION For Horses



Veterinarian's Address:	
Veterinarian's Signature	Date Telephone Number
Give your general evaluation for the above named horse, and your professional opinion on soundness, both short and long term, for its intended use.	
Stifles – Lateromedial views:	
Hocks – Lateral projection, craniocaudal projection, both oblique:	
Hind Fetlocks – A/P views:	
Front Fetlocks - A/P views:	
Front Fette - Lateromedial, dorsal ventral, navicular skyline:	
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 a lateromedial dorsal ventral pavicular skyling:	
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	
If any are answered yes, please explain on a separate page.	
Provide details of any degenerative changes, bone spurs, chips or osteochol	drosis seen on any radiographs taken.
Other findings or remarks?	
Are you aware of any history of unsoundness, injury or disease on this horse	
Are you aware of any condition, past or present that could require surgical or	
Has the horse ever undergone surgery?	
medication long or short term, or any preventative treatments in the last 12 months?	
Are you aware if the horse has received any performance enhancing procedures, including intramuscular and/or joint injections, any type of	
If any are answered yes, please explain on a separate page.	
If no, have you treated/examined this horse previously? Explain:	any history of gestation, lactation or parturition problems? . \(\subseteq \text{Yes} \subseteq \text{No}
Are you the usual veterinarian for the applicant?	If Yes, give expected date of birth: If the horse is a breeding horse, to your knowledge is there
If any are answered no, please explain on a separate page	Is the horse pregnant? Yes No
Is the stabling and turn out safe and adequate? Yes No	Is the horse subject to chronic metritis and/or mastitis? ☐ Yes ☐ No
Properly shod? Yes No	Any evidence of bone or joint disease? Yes No
Hoof tester results negative? Yes No	on circles in both directions?
(Please note any swelling, heat, stiffness and/or pain for any answer "No".)	horse for its intended use, short or long term?
Fetlocks	Any major conformation faults, which may affect the
Hocks Yes No	Any history of uncharacteristic behavior in the last 24 months? Yes No
Knees Yes No	Is there evidence of objectionable habits? Vices? Yes No
Back	Contagious diseases on premises or locally? Yes No
Palpations normal?	Any evidence of infection or disease? Yes No
Eyes clinically normal? Yes No	Any evidence or history of laminitis, club foot, or P3 rotation? Yes No
Temperature normal?	History or evidence of nerving? Yes No
Respiration auscultation normal at rest and after work?	History or evidence of a bleeder?
Heart auscultation normal at rest and after work?	Subject to or any previous history of colic?
Pulse and Respiration normal at rest and after work?	Has the horse ever had colic surgery? Yes No
For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status <i>(check one.)</i>	
Horse Name: Date of Bin	
E-mail Address	
Fax	E-Mail Address
Phone	Fax
City, ST Zip	Phone
Mail Address	City, ST Zip
Agency Code	Mail Address
Producer's Name	Applicant's Name