

VETERINARIAN'S STATEMENT OF EXAMINATION for Horses

Producer's Name _____ Agency Code _____ Mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____
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Horse Name: _____	Date of Birth: _____	Sex: _____	Use: _____
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Date of Exam: _____ Are you the usual veterinarian for the Applicant? Yes No

1. Is pulse normal at rest and after work? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Does heart auscultate normal at rest and after work? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is respiration normal at rest and after work? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Temperature normal? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Eyes clinically normal?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Palpations 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".) 7. Are hoof tester results negative?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Properly shod?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Is the stabling and turn out safe and adequate?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If any (1-9) are answered no, please explain on a separate page</i>	10. Has the horse ever had colic surgery?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Subject to or any previous history of colic/digestive disorder?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 12. History or evidence of a bleeder? <input type="checkbox"/> Yes <input type="checkbox"/> No 13. History or evidence of neurectomy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Any evidence or history of laminitis, club foot, or P3 rotation? <input type="checkbox"/> Yes <input type="checkbox"/> No 15. Any evidence of infection or disease? <input type="checkbox"/> Yes <input type="checkbox"/> No 16. Contagious diseases on premises or locally?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 17. Is there evidence of objectionable habits? Vices?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 18. Any history of uncharacteristic behavior in the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 19. 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 20. Any evidence of lameness jogging straight or on circles in both directions?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 21. Any evidence of bone or joint disease?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If any (10-21) are answered yes, please explain on a separate page.</i>
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<u>Foals:</u> (applicable on foals 24hrs to 30days) 22. Was birth normal with no complications? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain. IgG test results: _____ <u>Stallions/Geldings:</u> 23. Are both testicles evident/palpable? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Castrated: _____	<u>Mares:</u> 24. Is mare in foal? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give expected foaling date: _____ 25. Is mare subject to chronic metritis and/or mastitis?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 26. To your knowledge is there any history of gestation, lactation, or parturition problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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27. Are you aware if the horse has received any medication long or short term, any preventative treatments, and/or any performance enhancing procedures, including intramuscular and/or joint injections in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 28. Have you or any other veterinarians attended the horse for any ailment, injury, lameness, or medical problem in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 29. Has the horse undergone any surgical procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No 30. Are you aware of any condition, past or present that could require surgical or medical attention in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 31. Have any radiographs been taken? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details of any degenerative changes, bone spurs, chips or osteochondrosis. 32. Are you aware of any history of unsoundness, injury or disease on this horse? <input type="checkbox"/> Yes <input type="checkbox"/> No 33. Other findings or remarks? _____	<i>If any (27-32) are answered yes, please explain on a separate page.</i>
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ONLY TO BE COMPLETED IF LOSS OF USE COVERAGE IS BEING REQUESTED.

X-rays: Must be current within 30 days. Please list all abnormal radiographic findings, 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: _____		