## 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: Sex:	Use:
For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry H	YPP, please indicate the horse's HYPP status (check of	ne.) <b>N/N N/H H/H N/A</b>
	es, please explain:	
	No Has the horse ever had colic surgery?	
	No Subject to or any previous history of colic?	
•	No History or evidence of a bleeder?	
	No History or evidence of nerving?	
	No Any evidence or history of laminitis, club foot,	
Palpitations normal? Back	No Contagious diseases on premises or local	
	No No No Is there evidence of objectionable habits?	
	No Any history of uncharacteristic behavior in the No Any major conformation faults, which may	
Tendons and Ligaments	No horse for its intended use, short or long	
(Please note any swelling, heat, stiffness and/or pain for any answer "No	Any evidence of lameness logging straight	or
5	No on circles in both directions?	
	No Any evidence of bone or joint disease?	
	No Is the horse subject to chronic metritis and	
If any are answered no, please explain on a separate page	Is the horse pregnant? If Yes, give expected date of birth:	
Are you the usual veterinarian for the applicant? Yes $\hfill\square$	No If the horse is a breeding horse, to your kno	
If no, have you treated/examined this horse previously? Explain:	any history of gestation, lactation or part	
	If any are answered yes, please	explain on a separate page.
Are you aware if the horse has received any performance enhancing proc		
medication long or short term, or any preventative treatments in the		
Have you or any other veterinarians attended the horse for any ailment, injury, lameness, or medical problem 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?		
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 radiograph intended use. If possible, use any previous X-rays for comparisons, i.e. r	c findings, especially those that may affect the ho	
additional views were taken, please describe results. Use a separate page		
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 profes	sional opinion on soundness, both short and long	term, for its intended use.
Veterinarian's Signature	Date T	elephone Number

Veterinarian's Address:

