Albrach	t

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VETERINARIAN'S STATEMENT OF EXAMINATION

For Horses



P.O. Box 999 • Springtown, TX 76082 (017) 572 4750

Phone: (817) 22	0-4488 1	oll Free	: 800-227-8808 Fax: (817) 523-4258	HART ORD		
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 kn		•		□N/N □N/H □H/H □N/A		
Has the horse experienced any HYPP signs or symptoms?. Yes		lf Yes, ple	ase explain:			
Pulse and Respiration normal at rest and after work?		No No	Has the horse ever had colic surgery?			
Heart auscultation normal at rest and after work?		□ No	Subject to or any previous history of colic?			
Respiration auscultation normal at rest and after work?		□ No	History or evidence of a bleeder?			
Temperature normal?			History or evidence of nerving?			
Eyes clinically normal?	. 🗋 Yes	🗌 No	Any evidence or history of laminitis, club foot, or P3			
Palpations normal? Back	□ Yes	∏ No	Any evidence of infection or disease?			
Stifles			Contagious diseases on premises or locally? Is there evidence of objectionable habits? Vices			
Knees	=		Any history of uncharacteristic behavior in the last 24			
Hocks Fetlocks		□ No □ No	Any major conformation faults, which may affect			
Tendons and Ligaments			horse for its intended use, short or long term?			
(Please note any swelling, heat, stiffness and/or pain for an	-	· ·	Any evidence of lameness jogging straight or			
Hoof tester results negative?		□ No	on circles in both directions?			
Properly shod?			Any evidence of bone or joint disease?			
Is the stabling and turn out safe and adequate?		🗌 No	Is the horse subject to chronic metritis and/or ma			
If any are answered no, please explain on a sepa	rate page		Is the horse pregnant? If Yes, give expected date of birth:			
Are you the usual veterinarian for the applicant?	. 🗌 Yes	🗌 No	If the horse is a breeding horse, to your knowledg			
If no, have you treated/examined this horse previously? Exp	lain:		any history of gestation, lactation or parturition			
			If any are answered yes, please expla	in on a separate page.		
Are you aware if the horse has received any performance er	hancing	procedur	es, including intramuscular and/or joint injections,	any type of		
medication long or short term, or any preventative treatments in the last 12 months?						
Have you or any other veterinarians attended the horse for a	•					
Has the horse ever undergone surgery?						
Are you aware of any condition, past or present that could re						
Are you aware of any history of unsoundness, injury or disea				Yes 🗌 No		
Other findings or remarks? Provide details of any degenerative changes, bone spurs, ch	aina ar aal	tooobond	racia coop op opy radiographa takop			
			ase explain on a separate page.			
If Loss of Use Coverage is being requested, please com			· · · · ·			
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:	separate	page ii r	lecessary. Note NSF and WNL are not acceptant	ble descriptions for findings.		
Front Fetlocks - A/P views:						
Hind Fetlocks – A/P views:						
Hocks – Lateral projection, craniocaudal projection, both obl	ique:					
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 Teleph	hone Number		

Date