



VETERINARIAN'S STATEMENT OF EXAMINATION

For Horses

P.O. Box 999 • Springtown, TX 76082

Phone: (817) 220-4488 Toll Free: 800-227-8808 Fax: (817) 523-4258



Producer's Name, Agency Code, Mail Address, City, ST Zip, Phone, Fax, E-mail Address, Applicant's Name, Mail Address, City, ST Zip, Phone, Fax, E-Mail Address

Horse Name: Date of Birth: Sex: Use:

For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status (check one.) [ ]N/N [ ]N/H [ ]H/H [ ]N/A

Has the horse experienced any HYPP signs or symptoms? [ ]Yes [ ]No If Yes, please explain: Pulse and Respiration normal at rest and after work? [ ]Yes [ ]No ... Has the horse ever had colic surgery? [ ]Yes [ ]No ...

Are you the usual veterinarian for the applicant? [ ]Yes [ ]No If no, have you treated/examined this horse previously? Explain: If any are answered yes, please explain on a separate page.

Are you aware if the horse has received any performance enhancing procedures, including intramuscular and/or joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? [ ]Yes [ ]No ...

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. ...

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: