

CANADA - VETERINARIAN'S STATEMENT OF EXAMINATION
For Horses



Producer's Name _____ Agency Code _____ Mail Address _____ City, Prov, Post _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, Prov, Post _____ Phone _____ Fax _____ E-Mail Address _____
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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.) <input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H <input type="checkbox"/> N/A			
Has the horse experienced any HYPP signs or symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			
Pulse and Respiration normal at rest and after work? <input type="checkbox"/> Yes <input type="checkbox"/> No Heart auscultation normal at rest and after work? <input type="checkbox"/> Yes <input type="checkbox"/> No Respiration auscultation normal at rest and after work? <input type="checkbox"/> Yes <input type="checkbox"/> No Temperature normal? <input type="checkbox"/> Yes <input type="checkbox"/> No Eyes clinically normal? <input type="checkbox"/> Yes <input type="checkbox"/> No Palpitations 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".) Hoof tester results negative? <input type="checkbox"/> Yes <input type="checkbox"/> No Properly shod? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the stabling and turn out safe and adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No If any are answered no, please explain on a separate page	Has the horse ever had colic surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No Subject to or any previous history of colic? <input type="checkbox"/> Yes <input type="checkbox"/> No History or evidence of a bleeder? <input type="checkbox"/> Yes <input type="checkbox"/> No History or evidence of nerving? <input type="checkbox"/> Yes <input type="checkbox"/> No Any evidence or history of laminitis, club foot, or P3 rotation? <input type="checkbox"/> Yes <input type="checkbox"/> No Any evidence of infection or disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Contagious diseases on premises or locally? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there evidence of objectionable habits? Vices? <input type="checkbox"/> Yes <input type="checkbox"/> No Any history of uncharacteristic behavior in the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Any evidence of lameness jogging straight or on circles in both directions? <input type="checkbox"/> Yes <input type="checkbox"/> No Any evidence of bone or joint disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the horse subject to chronic metritis and/or mastitis? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the horse pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give expected date of birth: _____ If the horse is a breeding horse, to your knowledge is there any history of gestation, lactation or parturition problems? . <input type="checkbox"/> Yes <input type="checkbox"/> No If any are answered yes, please explain on a separate page.		
Are you the usual veterinarian for the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, have you treated/examined this horse previously? Explain: _____			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Has the horse ever undergone surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Are you aware of any history of unsoundness, injury or disease on this horse? <input type="checkbox"/> Yes <input type="checkbox"/> No Other findings or remarks? _____ Provide details of any degenerative changes, bone spurs, chips or osteochondrosis seen on any radiographs taken. If any are answered yes, please explain on a separate page.	
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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. 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:

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: _____ _____ _____		