VETERINARIAN'S STATEMENT OF EXAMINATION

For Horses

THE HARTFORD

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 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
Heart auscultation normal at rest and after work? ..... ☐ Yes ☐ No
Respiration auscultation normal at rest and after work? ..... ☐ Yes ☐ No
Temperature normal? ..... ☐ Yes ☐ No
Eyes clinically normal? ..... ☐ Yes ☐ No
Palpations normal?
- Back ..... ☐ Yes ☐ No
- Stifles ..... ☐ Yes ☐ No
- Knees ..... ☐ Yes ☐ No
- Hocks ..... ☐ Yes ☐ No
- Fetlocks ..... ☐ Yes ☐ No
- Tendons and Ligaments ..... ☐ Yes ☐ No

(Please note any swelling, heat, stiffness and/or pain for any answer "No".)
Hoof tester results negative? ..... ☐ Yes ☐ No
Properly shod? ..... ☐ Yes ☐ No
Is the stabling and turn out safe and adequate? ..... ☐ Yes ☐ No

If any are answered no, please explain on a separate page

Are you the usual veterinarian for the applicant? ..... ☐ Yes ☐ No
If no, have you treated/examined this horse previously? Explain:

Has the horse ever had colic surgery? ..... ☐ Yes ☐ No
Subject to or any previous history of colic? ..... ☐ Yes ☐ No
History or evidence of a bleeder? ..... ☐ Yes ☐ No
History or evidence of nerving? ..... ☐ Yes ☐ No
Any evidence or history of laminitis, club foot, or P3 rotation? .... ☐ Yes ☐ No
Any evidence of infection or disease? ..... ☐ Yes ☐ No
Contagious diseases on premises or locally? ..... ☐ Yes ☐ No
Is there evidence of objectionable habits? Vices? ..... ☐ Yes ☐ No
Any history of uncharacteristic behavior in the last 24 months? ..... ☐ Yes ☐ No
Any major conformation faults, which may affect the horse for its intended use, short or long term? ..... ☐ Yes ☐ No
Any evidence of lameness jogging straight or on circles in both directions? ..... ☐ Yes ☐ No
Any evidence of bone or joint disease? ..... ☐ Yes ☐ No
Is the horse subject to chronic metritis and/or mastitis? ..... ☐ Yes ☐ No
Is the horse pregnant? ..... ☐ Yes ☐ 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? . ☐ Yes ☐ No

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
Have you or any other veterinarians attended the horse for any ailment, injury, lameness, or medical problem in the last 12 months? ..... ☐ Yes ☐ No
Has the horse ever undergone surgery? ..... ☐ Yes ☐ No
Are you aware of any condition, past or present that could require surgical or medical attention in the next 12 months? ..... ☐ Yes ☐ No
Are you aware of any history of unsoundness, injury or disease on this horse? ..... ☐ Yes ☐ 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.

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: _____

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