VETERINARIAN'S STATEMENT OF EXAMINATION

For Horses

Producer's Name	Horse Insurance Specialists, Inc.	Applicant's Name	
Mail Address	1013 S. HWY 377	Mail Address	
City, ST Zip	Pilot Point, TX 76258	City, ST Zip	
Phone	800-346-3271	Phone	
Fax	940-686-5375	Fax	
E-mail Address	hisinc@horse-insurance.com	E-Mail Address	
	www.horse-insurance.com		

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: _____