

VETERINARIAN EXAM INFORMATION

HORSE(S) OWNED BY: _____

(1) _____ (HORSE NAME)	(2) _____ (HORSE NAME)	(3) _____ (HORSE NAME)
AGE _____ SEX _____	AGE _____ SEX _____	AGE _____ SEX _____
BREED _____ USE _____	BREED _____ USE _____	BREED _____ USE _____

To the best of your knowledge:

	(1)	(2)	(3)
a) Is there any pulse or respiration problem?	_____	_____	_____
b) Is temperature abnormal?	_____	_____	_____
c) Are there any eye problems?	_____	_____	_____
d) Are there any heart defects (i.e., heart murmurs)?	_____	_____	_____
e) Is there any history or evidence of bleeding, nerving, firing, or blistering?	_____	_____	_____
f) Have there been any gastrointestinal disorders or colic incidents? When?	_____	_____	_____
g) Has any operation been performed?	_____	_____	_____
h) Has there been any illness or injury in the past twelve months?	_____	_____	_____
i) Is there any likelihood of future danger to life or limb as a result of any operation or illness?	_____	_____	_____
j) Is there any lameness, unsoundness of limb or faulty conformation? If yes, describe below.	_____	_____	_____
k) If female: a) is she in foal? (if so, state due date)	_____	_____	_____
b) any past breeding or foaling problems?	_____	_____	_____
l) If male: a) any problems with testicles?	_____	_____	_____
b) has horse been gelded?	_____	_____	_____
m) Are there any vices or objectionable habits?	_____	_____	_____
n) Are there any indications of contagious disease on the premises or in the area?	_____	_____	_____
o) Are there any other medical facts affecting life, health, or use?	_____	_____	_____
p) List date of the last worming and indicate frequency.	_____	_____	_____
How will any condition noted affect the life, health, or usefulness of the animal?	_____	_____	_____

Additional Comments: _____

I, _____, have examined the horse(s) named, at rest and while in motion.
 (VETERINARIAN'S NAME - PLEASE PRINT)

ADDITIONAL FOR FOALS UNDER 30 DAYS
 (Newborn foals must not be examined before 24 hours old.)

q) Were there any foaling complications? _____

r) Is foal an orphan? _____

s) Has foal received any medication? _____

t) CBC normal? _____

u) IgG normal? _____

SIGNATURE	
X	
ADDRESS	
OFFICE PHONE()	OFFICE FAX()
DATE OF EXAM	TIME AM PM

* This form must be received by the company within 20 days.