Berkley Equine & Cattle
a Berkley Company

Insurance Carrier: StarNet Insurance Company
3655 North Point Parkway, Suite 625, Alpharetta, GA 30005 • (866) 298-5525

Loss Of Use II Veterinarian Form

This form is to be completed by a licensed veterinarian in addition to the regular veterinarian certificate when Loss of Use II is being applied for.

_____ _____
Horse Name ***Owners Name***

Age: _____ ***Sex:*** _____ ***Breed:*** _____

1. I have examined the above-indicated horse at walk and trot in a straight line and circles in both directions on a hard surface and find no lameness (except as noted below):

Comments On Any Lameness Noted:

2. Flexion tests of all four fetlocks and both hocks were performed. A hoof tester evaluation was also performed on all four feet.

Comments On Any Sensitivity Noted:

3. The upper airway was clinically and/or endoscopically evaluated following strenuous exercise.

Comments On Any Abnormalities Noted:

In my opinion this examination has revealed no clinical evidence of disease, injury, physical abnormality, or conformational defect that would preclude this horse being used for: _____ presently or in the foreseeable future. Exceptions, if any, are noted above and/or below:

Additional Exceptions:

CURRENT RADIOGRAPHS ARE REQUIRED AND MUST BE EVALUATED BY THE VETERINARIAN THAT COMPLETES THIS FORM. RADIOGRAPHS MUST COVER THE FETLOCKS/ANKLES, PASTERNS JOINTS, COFFIN AREAS, NAVICULAR BONES AND HOCKS/KNEES.

Comments on x-ray findings:

_____ _____
Signature of Veterinarian ***Date of Exam***

RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT.
PLEASE DO NOT MAIL DIRECTLY TO THE INSURANCE COMPANY.