

EXAMINATION FOR FULL LOSS OF USE AND MORTALITY COVERAGE

EQUINE INSURANCE SPECIALISTS

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Applicant: _____	Producer: _____	Date: _____
Horse's Name: _____	Date of Birth: _____	Sex: _____ Ht.: _____ Breed: _____
Current and/or Intended Use: _____		Level: _____
Color: _____	I.D. #'s - Tattoo: _____	AHSA: _____ FEI: _____ Other: _____

For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status. (Circle one.) **N/N N/H H/H N/A**

Describe type of work the horse has been in the last six months. If at rest or turned out, why?

Pulse and respiration normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the horse ever had colic surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart auscultation normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Subject to or any previous history of colic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiration auscultation normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History or evidence of a bleeder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Temperature normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History or evidence of nerving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eyes clinically normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Evidence of firing or blistering?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Palpations normal?			Any evidence or history of laminitis, club foot or P3 rotation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any evidence of infection or disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stifles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Contagious diseases on premises or locally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Knees	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there evidence of objectionable habits? Vices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hocks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any history of uncharacteristic behavior in the last 24 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fetlocks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any major conformation faults, which may affect the horse for its intended use, short or long term?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tendons and Ligaments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any evidence of lameness jogging straight or on circles in both directions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please note any swelling, heat, stiffness and/or pain for any answer "No".)			Any evidence of bone or joint disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hoof tester results negative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If any are answered yes, please explain on a separate page.		
Properly shod?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If the horse is a stallion, are both testicles evident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the stabling and turn out safe and adequate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If the horse is a mare, is she in foal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Type and schedule of worming program: _____

Drug Screen Results: Required for horses valued over \$25,000. Must be taken at the time of the exam. Please attach results.	Any symptoms detrimental to satisfactory breeding? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please explain on a separate page any abnormal answers.

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 <input type="checkbox"/> No <input type="checkbox"/>
Have you or any other veterinarians attended the horse for any ailment, injury, lameness, or medical problem in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of any pre-existing conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the horse ever undergone surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of any condition, past or present, that could require surgical or medical attention in the next 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If any are answered yes, please explain on a separate page.

Active and Passive Flexion Test Results: Active test with the horse jogging immediately on a hard surface.
 Written Evaluation:

X-rays: Must be current within 3 months. Please list below all radiographic findings, especially those that may affect the horse's long 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.

I (print name) _____, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____, and that I have on this day examined the above named horse.

Veterinarian's signature: _____ Phone: _____ Date: _____

I (print name) _____, as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the best of my ability accurate and complete information on the above named horse.

Owner, trainer, or primary caretaker's signature: _____ Date: _____