VETERINARIAN'S STATEMENT OF EXAMINATION





Producer's Name Agency Code Mail Address City, ST Zip Phone Fax E-mail Address	Applicant's Name Mail Address City, ST Zip Phone Fax E-Mail Address
Horse Name: Date of Birth	n: Sex: Use:
	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, pl	
Pulse and Respiration normal at rest and after work?	Has the horse ever had colic surgery?
Heart auscultation normal at rest and after work? ☐ Yes ☐ No Respiration auscultation normal at rest and after work? ☐ Yes ☐ No	Subject to or any previous history of colic?
Temperature normal?	History or evidence of a bleeder?
Eyes clinically normal? Yes No	Any evidence or history of laminitis, club foot, or P3 rotation? Yes No
Palpations normal?	Any evidence of infection or disease?
Back Yes No	Contagious diseases on premises or locally? Yes No
Stifles	Is there evidence of objectionable habits? Vices? Yes □ No
Hocks Yes No	Any history of uncharacteristic behavior in the last 24 months? Yes No
Fetlocks Yes No	Any major conformation faults, which may affect the
(Please note any swelling, heat, stiffness and/or pain for any answer "No".)	horse for its intended use, short or long term?
Hoof tester results negative? Yes No	on circles in both directions?
Properly shod? Yes No	Any evidence of bone or joint disease? Yes No
Is the stabling and turn out safe and adequate? Yes No	Is the horse subject to chronic metritis and/or mastitis? Yes No
If any are answered no, please explain on a separate page	Is the horse pregnant? Yes No If Yes, give expected date of birth:
Are you the usual veterinarian for the applicant?	If the horse is a breeding horse, to your knowledge is there any history of gestation, lactation or parturition problems? . Yes
	If any are answered yes, please explain on a separate page.
Are you aware if the horse has received any performance enhancing procedu medication long or short term, or any preventative treatments in the last	res, including intramuscular and/or joint injections, any type of
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