LOCALTAPIOLA

Veterinary surgeon's statement
Enclosure to Horse insurance

Client

Name | Phone

Street address | Postal code, city or town

Horse/Pony

Name | Registration number/UELN

Date of birth | Breed

Sex ☐ Stallion/ Gelding ☐ Mare | Microchip

Horse will be used in

☐ Harness racing ☐ Riding ☐ Carriage driving ☐ Other | Level of training/performing

Earlier diseases, examinations and treatments

☐ Not known

☐ Accidents ☐ Colics and intestinal diseases ☐ Respiratory diseases ☐ Back and muscle diseases

☐ Lamenesses ☐ Hoof diseases ☐ Skin diseases ☐ Neurological diseases

☐ Eye diseases ☐ Urinary or genital diseases ☐ Bad habits (cribbing etc...)

☐ Other diseases

Further information

General and clinical examination

1. General condition

a. Nutritional status

☐ Normal ☐ Overweight ☐ Skinny

b. Coat

☐ Shiny ☐ Atypical/abnormal

c. Mucous membranes

☐ Normal ☐ Abnormal

d. Lymph nodes

☐ Normal ☐ Abnormal

e. Temperament/behaviour

2. Cardiovascular system

Resting heart rate _____ /minute

☐ No abnormalities ☐ Abnormal heart rate at rest/ after exercise ☐ Murmur ☐ Arrythmias

3. Respiratory system

Respiratory rate _____ /minute Type of respiration _____

☐ No abnormalities ☐ Abnormal respiratory sound ☐ Nasal discharge

☐ Cough by provocation ☐ Spontaneous cough

3a. Respiratory endoscopy (if needed)

☐ No abnormalities ☐ Inflammatory symptoms/secretions ☐ Entrapment ☐ Vocal cord paralysis ☐ Dorsal displacement of soft palate

☐ Other

Signature

Place and date of examination | Veterinary surgeon's name, license number, stamp and signature

Horse / Pony Name

General and clinical examination

4. Digestive system

☐ No abnormalities ☐ Abnormal occlusion ☐ Abnormal intestinal sounds ☐ Abnormal faeces ☐ Other _____

Rectal examination ☐ Yes ☐ No

5. Reproductive organs, urinary system and navel

☐ No abnormalities ☐ Abnormal shape ☐ Cryptorchidism ☐ Testicular torsion ☐ Vaginal discharge ☐ Umbilical hernia or secretion

☐ Other _____

6. Skin

☐ No abnormalities ☐ Wounds, scars ☐ Rash/ dermatitis ☐ Warts ☐ Skin tumors ☐ Sores, hyperkeratosis

☐ Other _____

7. Nervous system

☐ No abnormalities ☐ Ataxia ☐ Abnormal tail tonus ☐ Abnormal stance/reflexes ☐ Other _____

8. Eyes, ears

☐ No abnormalities ☐ Examination with focal light ☐ Ophtalmoscopic examination ☐ Inflammatory symptoms ☐ Abnormal eyelid reflex ☐ Abnormal pupillary reflex ☐ Opacities, corneal scars

☐ Other _____

9. Head, neck, back

☐ No abnormalities ☐ Atypical anatomy (lordosis, scoliosis, asymmetry) ☐ Muscular wasting/atrophy ☐ Stifness, spasticity ☐ Soreness, pain ☐ Previous injuries

10. Limbs

☐ No abnormalities ☐ Atypical limb anatomy ☐ Mobility/stiffness of joints/extremities ☐ Swelling in joint/ tendon sheath ☐ Abnormalities in tendons and ligaments

☐ Splint ☐ Asymptomatic old injury

11. Hoofs

☐ No abnormalities ☐ Thrush ☐ Asymmetria right/left ☐ Low heel/flat sole ☐ Club foot

☐ Hoof tester sensitivity ☐ Laminitis changes ☐ Hoof cracks ☐ Hoof wall separation ☐ Poor quality

☐ Other _____

Further information relating to questions 1-11

Movements

Lameness on scale 0-5 (clinical general examination; movements in walk and trot)

Leg	Walk	Trot	Lungeing Right circle	Lungeing Left circle	Further information
LF					
RF					
LH					
RH					

Other examinations

☐ Separate report

Evaluation / summary of received information and examinations

☐ There are no remarkable findings in this horse

☐ There are findings (in report sections: _____)

which may influence on health of this horse.

Signature

Place and date of the examination

Veterinary surgeon's name, license number, stamp and signature

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