

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:

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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.