

Application form for Hippo Zorg operation/castration insurance

The following should be filled in by the owner

Owner _____
Address _____
Zip code _____
Town/City _____

Details of the horse

Name of horse/pony _____
Breed / Parentage _____ Colour _____
Sex _____ Date of birth _____
Studbook number _____ Chip number _____
Markings _____
Height _____ Insured value € _____

Authorisation for direct debit

The undersigned hereby authorises Hippo Zorg BV to debit the amount payable for this insurance from his/her Post Office Bank or bank account, the details of which are as follows:

Account number _____ Owner's signature, _____
The customer is aware of the scope of the cover Yes No

The following should be filled in by the veterinarian:

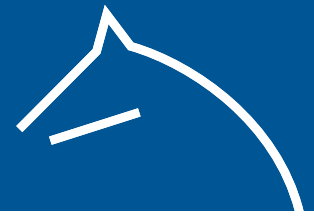
Anaesthesiological case history
Previous sedation Yes No Unknown, development: _____
Previous anaesthesia Yes No Unknown, development: _____

History of disease over the last six months _____

Current medication _____

Hypersensitivity to drugs _____

Chronic disease _____



Pre-anaesthesia examination

Nutritional condition	<input type="checkbox"/> good	<input type="checkbox"/> anomalous, comments
Build and bearing	<input type="checkbox"/> normal	<input type="checkbox"/> anomalous, comments
Skin and hair	<input type="checkbox"/> good	<input type="checkbox"/> anomalous, comments
Mucous membranes	<input type="checkbox"/> good	<input type="checkbox"/> anomalous, comments
Lymph nodes	<input type="checkbox"/> good	<input type="checkbox"/> anomalous, comments
Eyes	<input type="checkbox"/> good	<input type="checkbox"/> anomalous, comments
Locomotion	<input type="checkbox"/> regular	<input type="checkbox"/> lame, nature and location <input type="checkbox"/> ataxia
Peculiarities	<input type="checkbox"/> good	<input type="checkbox"/> anomalous, comments
Pulse frequency	<input type="checkbox"/> quality
Heart auscultation	<input type="checkbox"/> normal	<input type="checkbox"/> anomalous, comments
Respiratory frequency/type		<input type="checkbox"/> quality
Lung auscultation	<input type="checkbox"/> normal	<input type="checkbox"/> anomalous, comments
Jugular veins (left, right)	<input type="checkbox"/> normal	<input type="checkbox"/> anomalous, comments
Temperature	<input type="checkbox"/> °C	

Additional examination No Yes (if this was carried out, (a legible copy of) the report should be sent as an annex to this form.)

Blood test ECG/echocardiography Neurological Internal organs Orthopaedic

ASA classification 1 / 2 / 3 / 4 / 5

Data of clinic

Name

Address

Zip code

Town/city

Surgeon

Anaesthetist

Grounds for operation

Anesthesia method Standing under sedation and local anesthetic

Intravenous

Inhalation

Monitoring ECG Capnography Invasive blood pressure

Date of operation Expected length of operation

The clinic is aware of the conditions of Hippo Zorg BV's operation insurance No Yes

Signature of veterinarian, Agreement of Hippo Zorg BV,

Date Date Time