



Veterinary certificate concerning death of a horse

(Only use this form if the full patient report is not available)

The undersigned veterinarian: _____

Declares on _____ (date) that the horse belonging to the owner below has died.

Name of Owner _____	Policy number _____
Address _____	Telephone _____
Zip code _____	Fax _____
Town/City _____	Post/bank no _____
Name of horse _____	Breed _____
Sex _____	Parentage _____
Date of birth _____	Studbook number _____
Chip number _____	Colour + markings _____

Circumstances surrounding the death (tick/circle and fill in where applicable):

Date of first (disease) symptoms: _____

The horse was put down by the undersigned / was the subject of a forced slaughter on _____ (date)
in connection with (mention case history, diagnosis, effect of any therapy and prognosis):

The horse died, whereupon the death was recorded by the undersigned on _____ (date)
as a result of (mention case history, diagnosis, effect of any therapy and prognosis):

An autopsy was / was not carried out (if an autopsy was carried out, a legible copy of the autopsy report should be sent as an annex to this form).

If any imaging is available (X-rays, echo images, etc.), we would request you to send this to us as well or hand it over to the policyholder.

We will of course return this to you after assessment.

Signature of veterinarian: _____ Name of practice: _____

Telephone number: _____ Town/City: _____