



Veterinary certificate concerning permanent disability 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 been found to be permanently disabled.

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 permanent disability:

Date of first (disease) symptoms: _____

Case history: _____

Examination + diagnosis: _____

Therapy started and results thereof: _____

Prognose: _____

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: _____