

400 Bellerive Blvd. Suite 250 Nicholasville, KY 40356 Phone: 800.783.9418 Fax: 502.875.3281 Email: claims@nationalequine.net

VETERINARIAN'S REPORT FORM
**If additional space is needed, please use reverse side or attach additional pages**

	CLAIM #:
eterinarian:	Attending /Consulting
1.	Owner's Name:
2.	Animal referred to in this statement:
3.	When did you first attend to this animal for this condition? Date://
4.	Have you examined or treated this animal previously? Yes / No
5.	Location of animal at time of injury or onset of illness?
6.	What is your diagnosis (R/f, L/f, R/h, L/h)?
7.	State probable cause of sickness or how accident occurred:
8.	Under whose veterinary treatment has the animal been since the condition was diagnosed?
9.	Describe treatment given:
10.	When did sickness / injury first show signs? Date://
11.	Has illness or injury been accelerated or caused by lack of care/neglect/overwork or improper housing or the part of the owner/his servants or by any other party? Yes / No If yes, give details:
12.	In your opinion, has the animal received proper care & treatment before & after sickness/injury? Yes /No_If no, give details:
	In your opinion, has the animal received proper care & treatment before & after sickness/injury?
13. 14.	In your opinion, has the animal received proper care & treatment before & after sickness/injury? Yes /No If no, give details:
13. 14.	In your opinion, has the animal received proper care & treatment before & after sickness/injury? Yes /No If no, give details: For what purpose has the animal been used? Did sickness/injury appear to be an entirely new one & not a recurrence of an old one?
13. 14. 15.	In your opinion, has the animal received proper care & treatment before & after sickness/injury? Yes /No If no, give details: For what purpose has the animal been used? Did sickness/injury appear to be an entirely new one & not a recurrence of an old one? Yes /No. If no, give details:
13. 14. 15. 16.	In your opinion, has the animal received proper care & treatment before & after sickness/injury? Yes /No If no, give details: For what purpose has the animal been used? Did sickness/injury appear to be an entirely new one & not a recurrence of an old one? Yes /No. If no, give details: Had this animal undergone previous surgical procedures?Yes /No If yes, give details:
13. 14. 15. 16. 17.	In your opinion, has the animal received proper care & treatment before & after sickness/injury? Yes /No If no, give details: For what purpose has the animal been used? Did sickness/injury appear to be an entirely new one & not a recurrence of an old one? Yes /No. If no, give details: Had this animal undergone previous surgical procedures?Yes /No If yes, give details: Is the animal dead?Yes /No Euthanized?Yes /No
13. 14. 15. 16. 17. 18.	In your opinion, has the animal received proper care & treatment before & after sickness/injury? Yes /No If no, give details:
13. 14. 15. 16. 17. 18. 19. the undersi	In your opinion, has the animal received proper care & treatment before & after sickness/injury? Yes/No If no, give details: For what purpose has the animal been used? Did sickness/injury appear to be an entirely new one & not a recurrence of an old one? Yes/No. If no, give details: Had this animal undergone previous surgical procedures?Yes/No If yes, give details: 

Please email completed form to: claims@nationalequine.net