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Website: www.carriagehouseinsurance.co.uk

Veterinary Surgeon's Report Form

To be supplied by the insured at their own expense in support of a claim

INSTRUCTIONS:

To the Insured: Please hand this form to your attending veterinary surgeon to complete and return to us as soon as possible, even if treatment is not complete.

To The Veterinary Surgeon: Please complete and return this together with **the complete clinical history** for this animal since first registered with your practice. Please answer the questions asked and not write 'see clinical history'. If you wish to discuss this case with us, please contact us on the details above.

INSURED'S DETAILS	
Insured Person's Name:	Policy Number:

PARTICULARS OF THE HORSE/DONKEY					
Name	Age	Sex	Breed	Colour & Identifying marks	Height

Date and time you were first advised of this injury or illness:

Date and time of first attendance:

Date(s) of subsequent consultations:

What signs and symptoms were first exhibited?:

In your opinion are these symptoms consistent with being caused by an accident, illness or disease? YES/NO

If the horse is lame, have the following assessments been done: (please delete as appropriate)

Inhand :	on a hard surface	YES/NO	on a soft surface	YES/NO
Ridden :	on a hard surface	YES/NO	on a soft surface	YES/NO

Which leg(s) was/were affected?: And what degree of lameness was exhibited?:

Was there pain in the neck/spine/sacroliliac regions?

For all claims, what methods of diagnosis have you used?

	Tick	Dates Performed	Results of the procedures
x-rays	☐	_____	_____
nerve blocks	☐	_____	_____
ultra-sound	☐	_____	_____
flexion tests	☐	_____	_____
endoscope	☐	_____	_____
gastroscope	☐	_____	_____
blood tests	☐	_____	_____

other – please detail with results:

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What is your current diagnosis and, if no definite diagnosis what is the likely possible diagnosis?
Which medication(s) / treatments have you prescribed, carried out or recommended?
Does this horse need to be referred to a specialist veterinary hospital? YES / NO If YES please detail why and where referred to: NB: Certain procedures such as MRI/Scintigraphy/CT scan require our written authorisation in advance to be covered by the policy.
Has complementary/alternative therapy been recommended? YES / NO If YES, what therapy have you recommended? NB: Our policy has limitations as to the complimentary therapies that are covered (see definitions within the policy wording). Please note that supplements aren't covered by this policy.
Has remedial farriery been recommended? YES / NO If YES, why?
Are you aware of any previous treatment for this horse for this condition? YES / NO If YES please provide full details to include dates unless this is detailed within the attached clinical history:
Are you the animal's usual veterinary surgeon? YES / NO If NO, please advise which Practice is: If YES, are you aware of this horse exhibiting any stereotypies or vices? YES / NO If Yes, which ones?:
Have you, or anyone in your practice, examined this animal for purchase or insurance? YES / NO
In your opinion, has proper treatment and care been given, before and after the incident? YES / NO If NO, please advise.
In your opinion, will the condition be likely to recur? YES / NO
In your opinion, is it likely that this condition will result in permanent disability? YES / NO
Are any of the above conditions regarded as hereditary or congenital? YES / NO
Please note any other observations relevant to this claim.
DECLARATION
I / we the undersigned, do hereby declare that to the best of my / our knowledge and belief the foregoing particulars are true and correct, and that the clinical history attached is the complete and up to date history for this animal.
Name and address of Practice
Signature **Name** MRCVS / FRCVS **Date of signature**

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