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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 you or us as soon as possible, even if treatment is not complete.

To The Veterinary Surgeon: Please complete and return this **together with a complete clinical history** for this horse. If you wish to discuss this case with us, please contact us on the details above.

INSURED'S DETAILS					
Insured'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 your first attendance:					
Date(s) of subsequent consultations:					
What signs, symptoms including pain responses and changes in behaviour 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	
What degree of lameness was exhibited:					
Which leg(s) was/were affected?:					
Was there pain in the neck/spine/sacroiliac regions?					
For all claims, what methods of diagnosis have you used?					
	Dates Performed:		Results of the procedures:		
x-rays	_____		_____		
nerve blocks	_____		_____		
ultra-sound	_____		_____		
flexion tests	_____		_____		
endoscopy	_____		_____		
blood tests	_____		_____		
Gastroscopy	_____		_____		
other – please specify:					

What medication(s) / treatments have you prescribed?		
What is your current diagnosis based on the symptoms presented?		
Does this horse need to be referred to a specialist veterinary hospital?		YES / NO
<i>NB: Certain procedures such as MRI/Scintigraphy/CT scan require our authorisation in advance.</i>		
If YES please detail why and where referred to:		
Has complementary/alternative therapy been recommended?		YES / NO
If YES, what therapy have you recommended?		
<i>NB: Our policy has limitations as to the complimentary therapies that are covered (see definitions within the policy wording) and supplements aren't included within this.</i>		
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 who is:		
If YES, are you aware of this horse exhibiting any stereotypies or vices?		YES / NO
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 which you feel are 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		
Name and address of Practice		
Signature	Name	MRCVS / FRCVS
Date of signature:		

