

187 King Street South, Suite 205, Waterloo, ON N2J 1R1 **T.** 519-340-3700 | 1-844-340-3700 **F.** 519-772-1200

EQUINE | Veterinarian Medical Report

1. Name, Address of Owner	:				
2. Description of Animal:	Name:	Sex:	Age:	Breed:	
3. When did you first atten	d animal?				
4. What is the nature of the	e ailment or injury from which th	ne animal is or wo	as suffering?		
5. State probable cause of	ailment or how accident occurr	ed:			
6. Under whose veterinary accident?	treatment has the animal been	since the comm	encement of th	ne illness or happe	ning of the
	ailment or injury has been acce his agents or employees or by a	_	ht about by im	proper use, overw	ork or neglect
8. For what purpose has th	e animal been used?				
9. How long has the animal	been ill or injured to your knowl	ledge?			
10. State disease or injury o space is needed, use rev	and give any important medical rerse side of the form):	facts connected	l therewith and	l your prognosis (i	f additional
11. Has the animal died?	Yes No If yes, on what date?	at wl	nat hour?	A.M.	P.M.
12. State actual cause of de	eath:				
13. Has a post mortem exa Give results:	mination been made? Yes	No			



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14. Other remarks or observations giving professional opinion on the whole case:							
15. In your opinion was the	e illness or accident r	eferred to abo	ve the sole cause of death?				
16. In your opinion has the and afterwards?	re been exercise of p	oroper care and	d treatment of the animal both	before the illness or accident			
17. Did the illness or injury appear to you to be an entirely new one or a recurrence of an old one?							
18. Has animal been nerve If yes, give details:	ed? Yes	No	High or low?				
I, the undersigned, do hereby declare the above particulars are true, and that no information which ought to be given has been withheld by me, with reference to the case above reported on, and that to the best of my knowledge and belief the claim made is a bona-fide claim.							
Date:	20		Signature of Veterinarian:				
			Email Address of Veterinarian	:			
License No.			Address:				
Telephone No. ()			City or Town:	Province or State:			