

Claim No:

Broker Ref:

To be quoted on all correspondence

VETERINARY SURGEON'S REPORT FORM

Guidance for the attending Veterinary Surgeons

Our insured has informed us that their horse is suffering from a disease/has sustained an injury and we would appreciate your giving us the information asked for below, in order that any subsequent claim may receive consideration. This form should be returned immediately to the insured, even if the treatment is incomplete. Please note that any charges made for the completion of this form, costs for livery and keep of the animal and transport costs are the responsibility of the owner and may not be covered by the insurance. Invoices and details of the cost of the treatment should be sent to the owner/insured to send on to us. We may make, at our discretion, payment of costs accepted by the insurers direct to you unless specifically requested otherwise. You will need to ensure you collect any excess and other costs not covered by the insurance. There are some procedures where consent is required before they are carried out: **1.** Humane destruction unless on humane grounds with no other option of treatment being available. **2.** Diagnosis by full body Scintigraphy (bone scan) may not be covered unless we have given our prior written consent. The policyholder should check their Policy Document or contact us for guidance.

You will find our claims team willing to be as helpful as possible so please feel free to call us if you wish to discuss any matter. The contact details are shown overleaf and if it is an emergency outside of the hours of 9 to 5 on a weekday, or 9 to 12 on Saturday, you can use our special Emergency Helpline: 07747 458486. We may need to contact you again, but will try and keep further requests for information to a minimum.

Details of the horse concerned:

Name & address
of owner

Name of horse		Sex	Age
Height	Colour	Identity Marks	
Breed			
Date and time of your first consultation (For the condition for which this claim is presented)			

What symptoms are/were exhibited?

If lame, which limb is affected?

What was your diagnosis?

When did the problem first arise?

What was the cause?

What treatment has been carried out?

What is the cost to date?

What further treatment
is recommended?

What is the estimated cost of further treatment?

In your opinion, is the condition likely to result in any permanent disability?

In your opinion, will the condition be likely to recur?

Are any of the above conditions regarded as hereditary or congenital?

Has your practice treated this horse previously, if so please give details and dates

In your opinion, has proper management of the horse been maintained before and after this incident?

Are you the horse's usual Vet? **YES** **NO** If no, who is the horse's usual Vet?

If yes, how long have you known the horse?

Do you have any other observations about this case?

N.B. YOU MUST SIGN THE DECLARATION OVERLEAF FOR ALL CLAIMS

CONTINUED OVERLEAF

ADDITIONAL VETERINARY SURGEON'S CERTIFICATE

To be completed only if claim is in respect of 'PERMANENT INCAPACITY'

In my opinion, the horse cannot in future
be used or kept other than for

For the following
reasons

To be completed in the event of DEATH or DESTRUCTION

NB: The horse's carcass should not be disposed of until we have obtained consent from the insurers. Please contact us as soon as possible as we may be able to obtain agreement from the insurers to waive the right of a full post mortem examination.

The cost of carrying out any post mortem is the responsibility of the owner and is not covered by the insurance.

Please state the time and date of death

What was the cause of death?

How long had the condition causing death been in existence?

Was the horse euthanased? **YES** **NO**

Was the insurers consent obtained prior to euthanasia? **YES** **NO**

If consent was not obtained please explain the circumstances for carrying out euthanasia

Was the requirement for a post mortem waived by the insurer? **YES** **NO**

If NO, was a post mortem carried out? **YES** **NO**

If YES, please give the results and your general observations

DECLARATION (To be signed in all cases)

NB: Return of this report, completed as fully as possible should not be delayed pending completion of further treatment. This form is required only as an indication of the condition being treated.

I confirm to the best of my knowledge that the above statements are true in every respect.

I am the attending Veterinary Surgeon

Signature **X**

MRCVS Name

Email

Print Name

MRCVS

Date

Practice Stamp / Practice Name