



Veterinary certificate concerning permanent disability of a horse

EHATBO-011120

Return address: P.O. Box 2300, 5202 CH 's-Hertogenbosch, info@HippoHorseInsurance.com

Only use this form if the full patient report is not available.

The undersigned
veterinarian.....

Declares on..... (date) that the horse belonging to the owner below has been found to be permanently disabled.

1 Name of owner.....

Relation number..... Policy number.....

Name M/F..... Address.....

Zip/ City E-mail

Telephone private Telephone mobile

IBAN number..... BIC number.....

2 Name of horse Breed

Sex Parentage

Date of birth Studbook number

Chip number Color + markings

3 Circumstances surrounding the permanent disability:

Date of first (disease) symptoms:

Case history:

Examination + diagnosis:.....

Therapy started and results thereof:.....

Prognosis:.....

If any imaging is available (X-rays, echo images, etc.), we would request you to send this to us as well or hand it over to the policyholder.
We will of course return this to you after assessment.

Signature of veterinarian Name of practice.....

Telephone number Town/City

Caution! Record of the chip number is required.