

Client Name					
Horse Name					
Passport Number		Microchip Number			
Consulting Vets Name					
Treatment Start Date		Treatment End Date			
Please provide a short description of the incident including details of treatment:					
			<b>Yes   No</b>		
Was treatment required immediately?				Is this a follow up visit?	
Did the horse's immediate survival depend on the treatment?				Was this a routine procedure?	
Was the horse treated in hospital?				Was the treatment preventative maintenance?	
Did the horse undergo surgery?				Was the treatment related to behavioural issues?	
Was the treatment scheduled more than 24hrs in advance?				Was the horse lame when you performed your initial examination?	
If yes, please give a degree of lameness out of 5					
Affected limb/limbs		<b>RF</b>	<b>RH</b>	<b>LF</b>	<b>LH</b>
Has the horse been treated for this ailment on a previous occasion?					
If yes, please provide details of previous treatment:					
In your opinion, was the sickness or injury due to lack of care or negligence?					
Any additional comments:					
Practice Stamp:		Vet Signature			
		Date			

**KUDA HOLDINGS (PTY) LTD**

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**INSURER:**

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