

Statement Of Condition

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em #	Name	Breed	Sex	Age	Use	Purchase Price/Date	Amount Of Insurance
					lorse 1	Horse 2	Horse 3
		d and healthy for use in			res □ No	☐ Yes ☐ No	☐ Yes ☐ No
lefect lisabil DCD,	s, illness or disease, ity including but not	onformational problems lameness, injury or phy limited to laminitis/foun s, navicular disease an	rsical der,	ים	∕es □ No	□ Yes □ No	□ Yes □ No
he las		c or intestinal disorder surgical correction was			∕es □ No	☐ Yes ☐ No	☐ Yes ☐ No
	e horse been nerved ent or lameness?	l or received any surgic	al		∕es □ No	☐ Yes ☐ No	☐ Yes ☐ No
		ned or treated by a vete within the past year?	rinarian		∕es □ No	☐ Yes ☐ No	☐ Yes ☐ No
	e horse undergone of the last 36 months?	diagnostic ultrasound or	x-rays		fes □ No	☐ Yes ☐ No	□ Yes □ No
medic		i joint injections, any ty irm, or preventative trea			∕es □ No	☐ Yes ☐ No	□ Yes □ No
	Quarter horses, App have an ancestor kn	oaloosas or Paints. Doe own to carry HYPP?	s the		∕es □ No	☐ Yes ☐ No	☐ Yes ☐ No
f "YES	S" please indicate the	e HYPP Status.		□n/n	□и/н □н/н	\square N/N \square N/H \square H/H	\square N/N \square N/H \square H/H
f "YE	S" was answered	to any question 2 thr	ough 7, pl	ease pr	rovide details	s below.	