

Statement of Health

Owner's Name	E-mail	Phone	
Owner's Address	City	State	Zip
Name of Horse	Breed	DOB	

Is the horse currently sound and healthy for the use intended without the use of medications? Yes No

Has the horse had any past or present conformation problems, defects or ailments, illness or disease, injury or physical disability? Yes No

Has the horse had any lameness problems, including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, arthritis, and/or degenerative joint disease? Yes No

Has the horse had any colic or intestinal disorder within the last 36 months? Yes No

Has the horse been nerved or received any surgical treatment for lameness? Yes No

Has the horse been examined or treated by a veterinarian for anything **other** than routine care within the last year? Yes No

Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes No

Has the horse received any joint injections in the last 12 months? If yes, please specify joints injected, dates, and reasons for injections below. Yes No

Has the horse received any type of medication long or short term, or any preventative treatments in the last 12 months? Yes No

Does the horse receive any other medications/supplements? Yes No

Are there any other current or prior health conditions to which the horse has been exposed?

If "yes" was answered to any question(s), please provide details below. Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work.

I understand that the above information will remain confidential and agree to release it to the North American Stallion Testing staff and veterinarians. I agree that the information above is correct to the best of my knowledge.

Signature of Owner

Date