

VETERINARY MEDICAL REPORT

1. Name, Address of Owner _____
2. Description of Animal: Name _____ Sex _____ Age _____ Breed _____
 Color and Full Distinguishing Marks _____ Registration or Tattoo No. _____
3. When did you first attend animal? _____
4. What is the nature of the ailment or injury from which the animal is or was suffering? _____

5. State probable cause of ailment or how accident occurred _____
6. Under whose veterinary treatment has the animal been since the commencement of the illness or the happening of the accident?

7. Do you consider that the ailment or injury has been accelerated or brought about by improper use, overwork or neglect on the part of the owner, his agents or employees or by any other party? _____
8. For what purpose has the animal been used? _____
9. How long has the animal been ill or injured to your knowledge? _____
10. State disease or injury and give any important medical facts connected therewith and your prognosis _____

(if additional space is needed, use reverse side of Form)

11. Has the animal died? _____ if yes, on what date? _____ at what hour? _____ a.m.
 _____ p.m.
12. State actual cause of death _____
13. Has a post mortem examination been made? _____ Give results: _____

14. Other remarks or observations giving professional opinion on the whole case: _____

15. In your opinion was the illness or accident referred to above the sole cause of death? _____
16. In your opinion has there been exercise of proper care and treatment of the animal both before the illness or accident and afterwards? _____
17. Did the illness or injury appear to you to be an entirely new one or a recurrence of an old one? _____
18. Has animal been nerved? _____ High or low? _____
 If YES, give details: _____

I, the undersigned, do hereby declare the above particulars are true, and that no information which ought to be given has been withheld by me, with reference to the case above reported on, and that to the best of my knowledge and belief the claim made is a bona-fide claim.

Date _____ 20 _____ Signature of Veterinarian _____
 License No. _____ Address _____
 Telephone No. (_____) _____ City or Town _____ Prov. or State _____