

KUDA VET REPORT

Client Name:			
Name of Vet/Practice:			
Name of Horse:			
Date(s) of treatment:			
(Please tick the appropriate block)	YES	NO	
Was that an emergency event?	<input type="checkbox"/>	<input type="checkbox"/>	
Was this a lifesaving event?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the horse undergo surgery?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the horse treated in hospital? If no please provide details			
In your opinion, was the sickness/injury caused due to lack of care or negligence?			
In the case of AHS, did the horse receive his/her annual vaccinations from yourself?			
Please provide a short description of the incident:			
Any additional comments:			

Name:	
Signature:	
Date:	

