KUDA VET REPORT

Client Name:						
Name of Vet/Practice:						
Name of Horse:						
Passport Number:	Microchip Nu	mber:				
Date(s) of treatment:						
(Please tick the appropriate block)				NO		
In your opinion, was the sickness/injury caused due to lack of care or negligence?						
Was it an emergency event?						
Was it a lifesaving event?						
Did the horse undergo surgery?						
Was this a routine procedure?						
Was the horse treated in hospital?						
Please provide details:						
Please provide a short description of the incident (if x-rays were obtained, please provide motivation)						
Any additional comments:						

et Signature:	Date:	
/et Signature:	Date:	



KUDA HOLDINGS (PTY) LTD

BIG BAY OFFICE PARK, 1st floor, cormorant road, big bay 7441 Po box 151, bloubergstrand, 7441

T 021 554 5832 COMPANY REG 2008/018404/07 VAT NUMBER 4570254054 Authorised financial services provider FSP 38382

INSURER:

CERTAIN UNDERWRITERS AT LLOYD'S REPRESENTATIVE ADDRESS: LLOYD'S SOUTH AFRICA (PTY) LTD, THE FORUM, 15TH FLOOR, SANDTON. POSTAL ADDRESS: PO BOX 787163, SANDTON, 2146 TELEPHONE: 011 505 0000 FAX: 011 505 0001

1