



MARKEL INSURANCE COMPANY

4600 Cox Road Glen Allen, Virginia 23060-9817 P.O. Box 3870, Glen Allen, Virginia 23058-3870
(804) 965-1698 or (800) 446-7925 Fax (804) 527-7999

Statement from Veterinarian for Permanent Disability Coverage

Owner's Name:
Name of Horse:

1. Veterinarian's Statement on Results of Radiographs

a. Date of Radiographs: _____ b. Views Taken*: _____

A veterinarian certificate of examination for a current insurance exam must accompany this statement.

2. Please advise of any degenerative changes or abnormalities present in the hocks or fetlock, pastern and coffin areas as evidenced by radiographs.

3. Please provide an evaluation based on a normal soundness exam (flexion tests of the lower joints of each front limb and the upper joints of each hind limb) and prognosis for continued soundness for the use intended. The animal should also be observed ridden under saddle as part of a total soundness evaluation.

Date of soundness exam: _____

Veterinarian Name:	Date:
Address:	Telephone #: () -

*No specific number of radiographs are required. This determination is left up to the individual veterinarian. It is not necessary to submit the films to Markel, only the veterinarian's statements. A pre-purchase examination form may be submitted provided it contains the same information.