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**VETERINARY STATUS & PROGNOSIS REPORT**

Owner: \_\_\_\_\_

Horse: \_\_\_\_\_

Injury/Sickness: \_\_\_\_\_ Date \_\_\_\_\_

Please describe the current status and prognosis of the above-mentioned condition:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Signature and Address of Veterinarian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX THIS FORM TO (845) 625-1577**