

## VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

Horses being examined for insurance should be moved outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. Horses that are chronic colickers, bleeders, or nerved are not insurable. This certificate should be completed by the examining Veterinarian to the best of his/her ability as a licensed Veterinarian. The completed certificate should be forwarded to the above address without delay.

Name of Horse \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex \_\_\_\_\_ Color \_\_\_\_\_ Current and/or Intended Use \_\_\_\_\_ Registration # \_\_\_\_\_  
Sire \_\_\_\_\_ Dam \_\_\_\_\_  
Owner \_\_\_\_\_ Date of Exam \_\_\_\_\_

	YES	NO		YES	NO
1. Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	11. Any vices or objectionable habits?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	12. Has horse been ill within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	13. Is the stabling adequate?	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart auscultated and found normal?	<input type="checkbox"/>	<input type="checkbox"/>	14. Contagious disease on premises or in the vicinity?	<input type="checkbox"/>	<input type="checkbox"/>
5. History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>	15. Date last wormed? _____		
6. Any indication of infection or disease?	<input type="checkbox"/>	<input type="checkbox"/>	16. Are you the usual veterinarian for applicant?	<input type="checkbox"/>	<input type="checkbox"/>
7. Subject to or any history of colic or digestive disorders past or present?	<input type="checkbox"/>	<input type="checkbox"/>	17. If male, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any evidence of laminitis or lameness?	<input type="checkbox"/>	<input type="checkbox"/>	18. If female, is she reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any signs of founder?	<input type="checkbox"/>	<input type="checkbox"/>	19. Any past breeding or foaling problems?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any history or evidence of a bleeder?	<input type="checkbox"/>	<input type="checkbox"/>	20. Has any surgery ever been performed?	<input type="checkbox"/>	<input type="checkbox"/>
			Describe type of surgery _____		
			Date surgery performed _____		
			Has horse fully recovered?	<input type="checkbox"/>	<input type="checkbox"/>

21. Give complete details in regard to any of the above questions that might have a bearing on the health or soundness of this horse. In addition, state any other medical facts that you feel should be brought to the attention of the insurance company \_\_\_\_\_

**Additional information required for foals less than 90 days of age (newborns may not be examined before 24 hours old)**

22. Was birth normal w/no complications?	<input type="checkbox"/>	<input type="checkbox"/>	26. Respiration regular and completely clear?	<input type="checkbox"/>	<input type="checkbox"/>
23. Foal stand and nurse normally?	<input type="checkbox"/>	<input type="checkbox"/>	27. Has foal received any medication?	<input type="checkbox"/>	<input type="checkbox"/>
24. Pulse strong and normal?	<input type="checkbox"/>	<input type="checkbox"/>	28. IgG test results? _____		
25. Is foal an orphan?	<input type="checkbox"/>	<input type="checkbox"/>	Date of IgG test _____		

I (print name) \_\_\_\_\_ do certify that I am a graduate veterinarian holding a current license as such to practice in the State of \_\_\_\_\_, and that I have on this day examined the above named horse.

Veterinarian's Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_ Time \_\_\_\_\_