

VETERINARY CERTIFICATE OF EXAMINATION FOR INSURANCE

(Must be completed separately for each horse)

PLEASE NOTE: The completed certificate must be forwarded directly to the above address and postmarked within ten (10) days after examination.

I, _____, do hereby certify that I am a graduate veterinarian holding a current license to practice in the State of _____ and that I have this day examined:

Name _____

Sire _____ Dam _____ Age _____ Color _____ Sex _____ Breed _____

Markings and tattoo number _____

Owned by _____

Name _____ Address _____

Pulse and respiration normal? Yes No Has horse been nerved? Yes No

Temperature normal? Yes No Has horse been castrated? Yes No

Eyes normal? Yes No If mare, is she reported in foal? Yes No

Heart normal? Yes No If yes, do you believe her to be carrying twins? Yes No

Has the horse been tested for a genetic link to HYPP (Quarter Horses or Paints) or CID (Arabians)? Yes _____ No
(Result)

If foal less than ninety (90) days old, was IgG test result greater than 400 mg/dl? Yes No If not, what was the result? _____

If stallion at stud, are both testicles of normal size, consistency and rotation? Yes No If not, or if any reported breeding problem, please explain: _____

Has any surgery, firing or blistering been performed? Yes No If yes, describe: a. procedure, b. state of recovery, c. likelihood of future problems and/or complications resulting from the procedure. _____

Any lameness or faulty conformation or other abnormal condition? Yes No Describe: _____

Has the horse had colic or any other intestinal disorder during the previous twelve (12) months? Yes No If yes, describe, including frequency of occurrence. _____

Has the horse had any neurological disorder such as E.P.M. or Wobbler Syndrome? Yes No _____

A COGGINS test was performed on _____ and the result was _____.

Is the horse exposed to any contagious or infectious diseases? Yes No If yes, describe: _____

Explain any abnormal condition _____

Has the horse received any joint injections? If yes, please give full details of what drug is was injected, where it what injected, and how often injected, along with details of the condition for which such injections are being given _____

In your opinion, or to your knowledge, are there any medical facts that should be brought to the attention of the company? _____

Except as noted above, I hereby certify that to the best of my knowledge and belief the horse is in sound condition.

Date _____ and Time _____ of Examination By _____

Signature of Veterinarian

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____