

VETERINARIAN'S STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE

Animals examined for insurance should be moved about outside the stall/pen and observed for any abnormalities in movement or conformation. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease.

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 the following animal at rest and in motion:

Name _____
 (USE BACK OF PAGE FOR MORE THAN ONE ANIMAL) Age Color Sex Breed

Sire _____ Dam _____

Markings/Tattoo _____

Owned by _____
 Name Address

	YES	NO		YES	NO
Pulse and respiration normal?	_____	_____	Do feet appear normal?	_____	_____
Temperature normal?	_____	_____	Hair coat smooth and shiny?	_____	_____
Eyes clinically normal?	_____	_____	Any report or clinical evidence of other surgery?	_____	_____
Heart auscultated?	_____	_____	Animal wormed and vaccinated?	_____	_____
Any history or evidence of laminitis?	_____	_____	Is herd free of Brucellosis?	_____	_____
If male, are both testicles evident?	_____	_____	If female, is she bred?	_____	_____
If male, has animal been castrated?	_____	_____	If bred, provide estimated due date _____		
If male, are genitalia of normal size and consistency for the age?			Yes _____ No _____		

Detail any abnormalities of the penis or scrotum _____

If female, describe any history of gestation, lactation or parturition problems _____

If surgery has been performed, describe type of surgery and give date of surgery: _____

If surgery has been performed, has animal clinically recovered? _____

Is there any likelihood of future danger to life or limb as a result of such surgery? _____

Any clinical evidence of lameness, faulty conformation or other abnormal conditions? _____

In your opinion or to your knowledge, are there any additional medical facts that should be brought to the attention of the company? Give details including date(s) _____

If the animal receives any medication please list _____

How long have you been the veterinarian for this animal(s)? _____

This certificate has been completed by the examining veterinarian to the best of his or her ability as a licensed veterinarian.

 Date and Time of Examination

 Veterinarian's Signature

 Telephone Number

 Veterinarian's Address