

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has horse been nerved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Temperature normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has horse been castrated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eyes normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If mare, is she reported in foal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you believe her to be carrying twins?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_