

**VETERINARY CERTIFICATE OF EXAMINATION**

The horse being examined for insurance should be moved about outside of the stall and viewed from front and back to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and possible presence of contagious disease. **If Loss of Use coverage is desired by the horse owner please secure LOU Supplemental App. From Agent.**

**TO THE VETERINARIAN:** Horses with a history of colic, founder or nerving may not be insurable. If there is evidence or knowledge of these problems, please provide all details or medical history. I, \_\_\_\_\_ **do certify that I am a graduate Veterinarian holding a current license to practice in the state of \_\_\_\_\_ with current license # \_\_\_\_\_ and that I have this date examined:**

**\*\*One horse per Veterinary Certificate. Please make additional copies as needed for additional horses.\*\***

Name & Reg. #/Tattoo	Breed	Age	Color	Sex	Sire/Dam

Owned By: \_\_\_\_\_

Location of animal(s): \_\_\_\_\_

- |  | Yes   | No    |
|--|-------|-------|
| 1. Pulse & Respiratory normal?   | _____ | _____ |
| 2. Temperature normal?   | _____ | _____ |
| 3. Eyes clinically normal?   | _____ | _____ |
| 4. Heart auscultated & found normal?   | _____ | _____ |
| 5. History or evidence of bleeder?   | _____ | _____ |
| 6. History or evidence of nerving?   | _____ | _____ |
| 7. Ever been treated for navicular disease/ arthritis/laminitis or founder?                        | _____ | _____ |
| 8. Any indication or history of lameness and/or faulty conformation?                               | _____ | _____ |
| 9. Any performance enhancing procedures including intramuscular and/or intra-articular injections? | _____ | _____ |
| 10. Evidence of firing or blistering?  | _____ | _____ |
| 11. Subject to or any history of gastrointestinal/ digestive/colic disorders?                      | _____ | _____ |
| 12. Has any surgery been performed? If yes, attach details on separate page.                       | _____ | _____ |
| 13. If any surgery performed, has horse fully recovered?   | _____ | _____ |
| 14. Is there likelihood of future danger to life or limb as a result of such surgery?              | _____ | _____ |
| 15. If male, are both testicles evident? Date castrated? _____                                     | _____ | _____ |
| 16. If female, is she reported in foal? If in foal, give due date: _____                           | _____ | _____ |
| 17. Any conditions detrimental to satisfactory breeding?   | _____ | _____ |
| 18. Ever been tested/treated for EPM? If yes, Date: _____ Results: _____                           | _____ | _____ |
| 19. HYPP test results: N/N; N/H; H/H Date: _____   | _____ | _____ |
| 20. Date of last coggins? _____ Results: _____   | _____ | _____ |

- |  | Yes   | No    |
|--|-------|-------|
| 21. Has above horse remained on a consistent, effective de-worming program at least every 90 days?               | _____ | _____ |
| 22. Are semi-annual influenza, rhino pneumonitis and WNV and annual tetanus, EEE & WEE up to date?               | _____ | _____ |
| 23. Any indication of infectious disease?  | _____ | _____ |
| 24. Contagious disease on premises or in area?   | _____ | _____ |
| 25. Any clinical evidence of objectionable vices or habits?  | _____ | _____ |
| 26. Is stabling and/or fencing adequate?   | _____ | _____ |
| 27. Are you the usual Veterinarian? How long have you treated this animal?                                       | _____ | _____ |
| 28. Have you discussed the horse's health history with the owner or caretaker?                                   | _____ | _____ |
| 29. Has a complete pre-purchase or soundness exam been performed within the past 90 days? (If yes, provide copy) | _____ | _____ |

**For foals 24 hours to 90 days of age, you must also complete the following questions:**

- |  |       |       |
|--|-------|-------|
| 30. Was birth normal with no complications? If no, please attach details on separate page. | _____ | _____ |
| 31. Pulse strong and normal?   | _____ | _____ |
| 32. Respiratory regular & completely clear?  | _____ | _____ |
| 33. Normal urination & bowel movement?   | _____ | _____ |
| 34. Has foal received any medications?   | _____ | _____ |
| 35. Is IgG normal on this date?  | _____ | _____ |

Describe the type of work the horse has been in the last six (6) months. If at rest or turned out please explain why? \_\_\_\_\_

Explain any animal husbandry or feed management concerns, propensities, conformational problems, abnormal history, evidence or any other condition that may affect the welfare, health or use of the animal: \_\_\_\_\_

**Except as noted, I certify that to the best of my knowledge the above information is correct and I believe this horse is healthy and free of any prior health conditions and lameness conditions.**

Vet Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_

Exam Date: \_\_\_\_\_  
**(Application & VC must not be older than 30 days of date and time completed)**