



A Berkley Insurance Company  
**U-W Office:** 3655 North Point Parkway, Ste 625  
 Alpharetta, GA 30005  
 (866) 298-5525

Agent Name, Address and Telephone Number:  
 ADVANTAGE EQUINE AGENCY  
 PO BOX 80039  
 ROCHESTER, MI 48306-0039  
 248-650-7732  
 248-650-7795 (FAX)

### VETERINARIAN EXAMINATION FORM

Horse(s) owned by: \_\_\_\_\_

**Horses examined:**

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Use: \_\_\_\_\_  
 2) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Use: \_\_\_\_\_  
 3) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Use: \_\_\_\_\_

**To the best of your knowledge, are there now or have there ever been any:**

	horse #1	horse #2	horse #3
a) pulse, respiration or temperature abnormalities?.....	_____	_____	_____
b) eyes or vision defects?.....	_____	_____	_____
c) heart defects or heart murmurs?.....	_____	_____	_____
d) bleeding, nerving, firing or blistering?.....	_____	_____	_____
e) gastrointestinal disorders or colic incidents?.....	_____	_____	_____
f) operations performed?.....	_____	_____	_____
g) lameness or unsoundness of limbs?.....	_____	_____	_____
h) conformation faults?.....	_____	_____	_____
i) vices or objectionable habits?.....	_____	_____	_____
j) indications of contagious disease on the premises or in the area?.....	_____	_____	_____
k) medical facts affecting life, health or use?.....	_____	_____	_____
l) dangers to life or limb related to an illness, injury or disease?.....	_____	_____	_____

**Additional questions:**

m) If female, is she in foal? (provide due date)..... \_\_\_\_\_  
 n) If female, any breeding or foaling problems?..... \_\_\_\_\_  
 o) If male, has he been gelded?..... \_\_\_\_\_  
 p) If male, any problems with testicles?..... \_\_\_\_\_

**Questions for foals under 30 days (not examined before 24 hours):**

q) Were there any foaling complications?..... \_\_\_\_\_  
 r) Is the foal an orphan?..... \_\_\_\_\_  
 s) Has the foal received any medication?..... \_\_\_\_\_  
 t) Is CBC normal?..... \_\_\_\_\_  
 u) IgG level – provide measurement..... \_\_\_\_\_

Please explain any 'yes' answers, including dates and treatment given. Also advise how any operation, illness, injury or disease will affect the life, health or use of the animal: \_\_\_\_\_

I have examined the horse(s) named above, at rest and while in motion.

**Veterinarian's Signature:** X \_\_\_\_\_

**Date of Exam:** \_\_\_\_\_

**Time of Exam:** \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Facsimile Number ( \_\_\_\_\_ ) \_\_\_\_\_

**COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.**

**\*\*\*RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT. Please do not mail directly to StarNet.\*\*\***