

Name of Insured: _____

Address: _____

Phone: _____ Email address: _____

The purpose of this examination is to identify and examine the involved horse in accordance with this Certificate, and to report to the company any medical facts known to you and/or obtained by you in the examination. Horses should be examined in motion.

I, (Print Name) _____ do hereby certify that I am a graduate veterinarian specializing in Equine Practice, holding a current license to practice medicine in the state of _____ and have this day examined: _____

Horse Name (sire/dam): _____ Sex: _____ DOB: _____

Breed: _____ Use: _____

	YES	NO		YES	NO
Pulse and Respiration Normal?	<input type="checkbox"/>	<input type="checkbox"/>	History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Normal?	<input type="checkbox"/>	<input type="checkbox"/>	Has the horse been castrated?	<input type="checkbox"/>	<input type="checkbox"/>
Eyes Clinically Normal?	<input type="checkbox"/>	<input type="checkbox"/>	Any evidence of any surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Heart Auscultated?	<input type="checkbox"/>	<input type="checkbox"/>	If mare, is she reported in foal? Expected birth date?	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of bleeder?	<input type="checkbox"/>	<input type="checkbox"/>	If male, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinated against West Nile Virus	<input type="checkbox"/>	<input type="checkbox"/>	If male, are genitalia or normal size and consistency for a horse of his age and breed	<input type="checkbox"/>	<input type="checkbox"/>
Any Previous history of Colic?	<input type="checkbox"/>	<input type="checkbox"/>	Any evidence of bone or joint disease?	<input type="checkbox"/>	<input type="checkbox"/>
Any history of Laminitis, founder, club foot?	<input type="checkbox"/>	<input type="checkbox"/>	Is stabling adequate?	<input type="checkbox"/>	<input type="checkbox"/>

1 Any degenerative changes, bone spurs, chips, or osteochondrosis on any X-rays taken?

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

3 If surgery has been performed, has horse clinically recovered? _____

4 Any clinical evidence of lameness, faulty conformation (angular, flexural, laxity), joint swelling or localized limb edema, or other abnormal conditions? If yes, give details: _____

5 Are you aware of any condition past or present that could require surgical or medical attention in the next 24 months?

6 Is there evidence of vices or objectionable habits? _____

7 Are there currently any contagious diseases on the owner's farm? If yes, give details: _____

8 Are you the regular veterinarian for this horse or applicant? _____

9 In your opinion or to your knowledge, are there any additional medical facts that should be brought to the attention of the company?
If yes, give details: _____

Additional for foals 24 hours to 30 days:

Date and time of birth? _____

	YES	NO
Was birth normal with no complications?	<input type="checkbox"/>	<input type="checkbox"/>
Was foal born premature / dysmature?	<input type="checkbox"/>	<input type="checkbox"/>
Did foal stand and nurse normally?	<input type="checkbox"/>	<input type="checkbox"/>
Is umbilicus dry and normal?	<input type="checkbox"/>	<input type="checkbox"/>
Any flexural deformities?	<input type="checkbox"/>	<input type="checkbox"/>
Does foal have patent urachus?	<input type="checkbox"/>	<input type="checkbox"/>

1 IgG Reading(s) and Date (s) taken: _____

2 White blood count and date taken: _____

3 Is there evidence of a hernia (umbilical / inguinal)? _____

4 Has foal received any medication, plasma, or colostrum supplement? If yes, give dates: _____

5 Is foal presently on any medications, including antibiotics? Are they prophylactic or therapeutic treatment? _____

6 What antibiotic is being administered and how long will it be administered? _____

7 Is there any history or evidence of rib fracture (s)? If yes, how many ribs are fractured? _____

8 Does foal show any signs of Nocardioform Placentitis? If yes, please explain: _____

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 _____

Print Name _____

Veterinarian's Address _____