

VETERINARIAN'S CERTIFICATE OF EXAMINATION

For Horses

Producer's Name _____ Agency Code _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____
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Horse Name:	Date of Birth:	Sex:	Use:
Congenital and Inherited cardiovascular, bones, joints, and muscles Disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, provide specific details: _____ _____			

Pulse and Respiration normal - rest & post work? Yes No
 Heart auscultated normal - rest & post work? Yes No
 Temperature normal? Yes No
 Eyes clinically normal? Yes No
 Oral & Dental exam normal and in good health? Yes No
 Palpitations normal?
 Back Yes No
 Stifles Yes No
 Knees Yes No
 Hocks Yes No
 Fetlocks Yes No
 Tendons & Ligaments Yes No
 (Please note any swelling, heat, stiffness, and/or pain for any answer "No")
 If male, are both testicles evident? Yes No
 Hoof tester, flexions, and radiograph results negative? Yes No
 Properly shod? Yes No
 CBC & Fecal exams normal (last 60 days)? Yes No
 Vaccinations & Deworming program up to date? Yes No
If any are answered "No", please provide detail by separate page

Has any surgery been performed? Yes No
 If "Yes", fully recovered? Yes No
 Any history of, or subject to, gastrointestinal / digestive / colic disorders? Yes No
 History or evidence of a bleeder? Yes No
 History or evidence of nerving? Yes No
 Evidence or history of laminitis / founder? Yes No
 Evidence of sarcoids, melanomas, infection or disease?
 Yes No
 Contagious diseases on premises or locally? Yes No
 Any signs of objectionable / nervous habits? Yes No
 Any history of acute or chronic behavioral issues? Yes No
 Any symptoms or conformational issues detrimental to
 satisfactory use? Yes No
 Any evidence of lameness? Yes No
 Any evidence of bone or joint disease? Yes No
 Any diagnostics, preventative treatment, performance
 injections, or short/long term meds? Yes No
 If mare, Is the horse pregnant? Yes No
 If "Yes", expected foaling date? _____

Are you the usual veterinarian for the applicant? Yes No
 How long? _____
 I found Animal Husbandry and Premises conditions?
 (Check one) Poor Good Very Good Excellent

 Give detailed information with regards to any above questions which
 might have impact on insurable health, wellness, conformation,
 soundness, any medications or medical facts you feel should be
 brought to the Company's attention? _____

Any breeding or reproductive organ issues, or history of
 gestation, lactation or parturition problems? Yes No
If any are answered "Yes", please explain by separate page
For Foals (120 days or less), Complete following questions:
 Was birth normal with no complications? Yes No
 Pulse strong and normal? Yes No
 Respiratory regular & completely clear? Yes No
 Normal urination & bowel movement? Yes No
 Has Foal received any medications? Yes No
 Is IgG/CBC normal on this date? Yes No

Except as noted, I certify that to the best of my knowledge the horse examined was moved about outside of a stall, viewed front & back, evaluated for conformational issues, soundness of limb & freedom of movement, premises & housing conditions safe & free of disease, and the above information is correct, and I believe this horse is healthy and free of any prior health conditions and lameness conditions.

Exam Date & Time _____	Veterinarian's Printed Name _____	Veterinarian's Signature _____
Veterinarian's Address: _____	Telephone: _____	
City: _____	Fax: _____	
Zip: _____	E-mail: _____	