

# VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY COVERAGE

**Exclusively Underwritten By: AMERICAN EQUINE INSURANCE GROUP**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_ Date: \_\_\_\_\_  
Horse's Name: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht.: \_\_\_\_\_ Breed: \_\_\_\_\_  
Current and/or Intended Use: \_\_\_\_\_ Level: \_\_\_\_\_  
Color: \_\_\_\_\_ I.D. #'s – Tattoo: \_\_\_\_\_ AHSA: \_\_\_\_\_ FEI: \_\_\_\_\_ Other: \_\_\_\_\_

For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status. (Circle one.) **N/N N/H H/H N/A**

Describe type of work the horse has been in the last six months. If at rest or turned out, why?  
\_\_\_\_\_

Pulse and Respiration normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the horse ever had colic surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart auscultation normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Subject to or any previous history of colic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiration auscultation normal at rest and after work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History or evidence of a bleeder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Temperature normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History or evidence of nerving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eyes clinically normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any evidence or history of laminitis, club foot, or P3 rotation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Palpations normal? (Note any swelling, heat, stiffness and/or pain.)			Any evidence of infection or disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Contagious diseases on premises or locally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stifles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any symptoms detrimental to satisfactory breeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Knees	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there evidence of objectionable habits? Vices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hocks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If the horse is a stallion, are both testicles evident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fetlocks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If the horse is a mare, is she in foal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tendons and Ligaments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If the horse is a mare, any history of dystocia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hoof tester results negative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any major conformation faults, which may affect the horse for its intended use, short or long term?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Properly shod?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any evidence of lameness jogging straight or on circles in both directions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the stabling and turn out safe and adequate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any evidence of bone or joint disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the usual veterinarian for the applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

**If any are answered no, please explain on a separate page.**  
Type and schedule of worming program: \_\_\_\_\_  
\_\_\_\_\_

**If any are answered yes, please explain on a separate page.**  
**\*If the horse is under 30 days old, please submit IgG results on a separate page.**

Are there any pre-existing conditions, history of lameness, or additional medical facts that should be brought to the attention of the Insurance Company?  
\_\_\_\_\_

Has the horse been attended by you or any other veterinarian for any ailment, injury or medical problem in the last 12 months? If yes, explain.  
\_\_\_\_\_

Does the horse have present evidence of tendonitis / desmitis? If so, describe.  
\_\_\_\_\_

Has an X-ray or ultrasound examination been performed on the horse in the last 12 months? If so, why and what were the results?  
\_\_\_\_\_

Is the horse sound for the use intended?  
\_\_\_\_\_

Has horse ever undergone surgery? If so, describe type of surgery, date and recovery.  
\_\_\_\_\_

Are you aware of any condition past or present that could require surgical or medical attention in the next 12 months?  
\_\_\_\_\_

Give your general evaluation for the above named horse, and your professional opinion on soundness, both short and long-term, for its intended use.  
\_\_\_\_\_

I (print name) \_\_\_\_\_, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of \_\_\_\_\_, and that I have on this day examined the above named horse.  
**Veterinarian's signature:** \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

I (print name) \_\_\_\_\_, as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the best of my ability accurate and complete information on the above named horse.  
**Owner, trainer, or primary caretaker's signature:** \_\_\_\_\_ Date: \_\_\_\_\_