

**VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE
TO BE COMPLETED NO MORE THAN 15 PRIOR TO EFFECTIVE DATE**

The horse being examined for insurance should be moved about outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and the presence of contagious disease.

I, _____ do certify that I am a graduate Veterinarian holding a current license to

practice in the State of _____ and that I have this time and date examined:

Name: _____

Age Color Sex Breed Use

Sire: _____ Dam: _____

Owned By: _____ Located: _____

		YES	NO			YES	NO
01)	Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	12)	Any evidence of laminitis or lameness?....>	<input type="checkbox"/>	<input type="checkbox"/>
02)	Temperature normal?.....>	<input type="checkbox"/>	<input type="checkbox"/>	13)	Any signs of founder?.....>	<input type="checkbox"/>	<input type="checkbox"/>
03)	Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	14)	Has any surgery ever been performed?....>	<input type="checkbox"/>	<input type="checkbox"/>
04)	Heart auscultated and found normal?.....>	<input type="checkbox"/>	<input type="checkbox"/>		Describe type of surgery _____		
05)	History or evidence of nerving?.....>	<input type="checkbox"/>	<input type="checkbox"/>		_____		
06)	Any indication of infection or disease?.....>	<input type="checkbox"/>	<input type="checkbox"/>		Has horse clinically recovered?.....>	<input type="checkbox"/>	<input type="checkbox"/>
07)	Subject to or previous history of colic or digestive disorder past or present?.....>	<input type="checkbox"/>	<input type="checkbox"/>		Is there any likelihood of future danger to life or limb as a result of such surgery?....>	<input type="checkbox"/>	<input type="checkbox"/>
08)	Date last wormed?.....>	_____	_____	15)	If male, are both testicles evident?.....>	<input type="checkbox"/>	<input type="checkbox"/>
09)	Date teeth last floated?.....>	<input type="checkbox"/>	<input type="checkbox"/>	16)	If female, is she reported in foal?.....>	<input type="checkbox"/>	<input type="checkbox"/>
10)	Contagious disease on premises or in the vicinity?.....>	<input type="checkbox"/>	<input type="checkbox"/>	17)	Any symptoms detrimental to satisfactory breeding?.....>	<input type="checkbox"/>	<input type="checkbox"/>
11)	Is the stabling adequate?.....>	<input type="checkbox"/>	<input type="checkbox"/>	18)	Are you the usual veterinarian for applicant?	<input type="checkbox"/>	<input type="checkbox"/>

Additional for foals under 150 days of age: (exam cannot be performed until 24 hrs. of age)

19)	Was birth normal with no complications?.....>	<input type="checkbox"/>	<input type="checkbox"/>	22)	Respiration regular and completely clear?.>	<input type="checkbox"/>	<input type="checkbox"/>
20)	Foal stand and nurse normally?.....>	<input type="checkbox"/>	<input type="checkbox"/>	23)	Has foal received any medication?.....>	<input type="checkbox"/>	<input type="checkbox"/>
21)	Pulse strong and normal?.....>	<input type="checkbox"/>	<input type="checkbox"/>	24)	CBC normal on this date?.....>	<input type="checkbox"/>	<input type="checkbox"/>

25) IGG Levels required for all foals under 31 days _____

26) Give complete details in regard to any of the above questions that might have a bearing on the health or soundness of this horse. In addition state any other medical facts that you feel should be brought to the attention of Underwriters: _____

27) Except as noted above, I certify that to the best of my knowledge and belief this horse is healthy and sound and thereby insurable.

28) Date and time of exam: _____

30) Signature: _____

29) Telephone No: _____

31) Fax No: _____