

VETERINARY CERTIFICATE OF EXAMINATION

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

I, _____ do certify that I am a graduate Veterinarian holding a current license to practice in the state of _____ with current license # _____ and that I have this time and date examined:

(1) Name of horse: _____ Approximate age: _____ Color: _____ Breed: _____

(2) Owned by: _____

- | | YES | NO | | YES | NO |
|----------------------------------------------------|-------|-------|-------------------------------------------------------------------------------------|-------|-------|
| (3) Pulse and respiration normal? | _____ | _____ | (19) History or evidence of lameness?..... | _____ | _____ |
| (4) Temperature normal? | _____ | _____ | (20) Evidence of firing or blistering?..... | _____ | _____ |
| (5) Eyes clinically normal?..... | _____ | _____ | (21) Is the stabling adequate? | _____ | _____ |
| (6) Heart auscultate and found normal..... | _____ | _____ | (22) Contagious disease on premises or in area
that post threat to animal? | _____ | _____ |
| (7) History or evidence of bleeder? | _____ | _____ | (23) Results of last fecal examination | _____ | _____ |
| (8) History or evidence of nerving?..... | _____ | _____ | On this date | _____ | _____ |
| (9) History or evidence of laminitis? | _____ | _____ | (24) Date last wormed?..... | _____ | _____ |
| (10) Has any surgery ever been performed?..... | _____ | _____ | (25) Are you the usual veterinarian for applicant? .. | _____ | _____ |
| (11) Has horse been castrated?..... | _____ | _____ | And for how long?..... | _____ | _____ |
| Date | _____ | _____ | Additional for foals under 150 days of age: | | |
| (12) If male, are both testicles evident?..... | _____ | _____ | (26) Was birth normal with no complications? | _____ | _____ |
| (13) If female, is she reported in foal? | _____ | _____ | (27) Foal stand and nurse normally? | _____ | _____ |
| Due date | _____ | _____ | (28) Pulse strong and normal?..... | _____ | _____ |
| (14) Previous foaling problems?..... | _____ | _____ | (29) Respiration regular and completely clear? | _____ | _____ |
| (15) Subject to or previous history of colic?..... | _____ | _____ | (30) Has foal received any medication?..... | _____ | _____ |
| (16) Any digestive disorder past or present?..... | _____ | _____ | (31) CBC normal on this date? | _____ | _____ |
| (17) Any indication of infection or disease? | _____ | _____ | (32) IgG Test: Method _____ Results _____ | | |
| (18) Any history or symptoms detrimental to | _____ | _____ | (33) Nursing natural mother? | _____ | _____ |
| Satisfactory breeding? | _____ | _____ | | | |

(34) HYPP test results _____

(35) Date of last Coggins _____ Results _____

(36) Have the above animal(s) remained on a consistent, effective **deworming program** at least every 90 days? Yes No
and have the above animal(s) had at least semi annual **influenza and rhino pneumonitis** inoculations? Yes No
and have had annual **Tetanus, Eastern and Western Equine Encephalitis** and **West Nile Virus** inoculations Yes No

(37) Explain any abnormal history, evidence or any other condition that may affect the health, welfare or use of the animal.
(Use separate sheet if necessary) _____

(38) Comment on whether the seasonal feeding and supplement program is conducive to the territory and use of the animal and whether program may contribute to gastrointestinal disorders: _____

Except as noted, I certify that to the best of my knowledge the above information is correct and I believe this horse is healthy and sound.

Examination

Date of time: _____

Telephone #: (____) _____

City _____

SIGNATURE _____

Address _____

State _____ Zip _____

Please send: Additional applications Information regarding coverage available.

**Application and Veterinary
Certificate of Examination must
be postmarked within 15 days
of date and time completed.**