



Veterinary Certificate of Examination

Veterinary Certificate of Examination for Mortality Insurance *(Not necessary for Specified Perils Coverage - F.L.T.)*

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining veterinarian to the best of his ability as a licensed veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, _____, do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____ and that I have this day examined:

| ITEM # | NAME | AGE | COLOR | SEX | BREED |
|--------|-------|-------|-------|-------|-------|
| 1 | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ |

Owned by _____
 Name Address Zip

Health of Animal

| | Horse 1 | | Horse 2 | | | Horse 1 | | Horse 2 | |
|------------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. Pulse and respiration normal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. History of colic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Temperature normal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. History or evidence of nerving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Eyes clinically normal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. Has horse been castrated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Heart auscultated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10. Has any surgery been performed on the horse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. History or evidence of bleeder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 11. If mare, is she reported in foal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. History of laminitis/founder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 12. If male, are both testicles evident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Date last dewormed _____ How often dewormed? _____

If any surgery has been performed, describe type of surgery and date. _____

If any surgery has been performed, has horse fully recovered? Yes No

Is there any likelihood of future danger to life or limb as a result of each surgery? Yes No

Any lameness or faulty conformation or other abnormal conditions? Yes No Is the stabling adequate? Yes No

Is there evidence of vices or objectionable habits? Yes No Are you the regular veterinarian for this horse or client? Yes No

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company? Yes No

If yes, please explain. _____

EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE HORSE IS, EXCEPT AS NOTED, SOUND.

Additional Remarks

Signature of Veterinarian

Date of Exam

Address

Phone Number