

VETERINARY CERTIFICATE OF EXAMINATION FOR EQUINE MORTALITY INSURANCE

The purpose of this examination is to identify and examine the involved horse in accordance with this certificate, and to report the medical facts obtained by the examination to the insurance company. This Veterinary Certificate of Examination for Mortality Insurance is NOT a statement of insurability or serviceability for any intended use, and is NOT A PURCHASE EXAMINATION.

Horses being examined should be observed in motion. This certificate should be completed by the examining veterinarian to the best of his or her knowledge and ability as a licensed veterinarian.

I, _____, do hereby certify that I am a graduate veterinarian and hold a current license to practice veterinary medicine in the State of _____ and that I have this date examined:

Name: _____
Age: _____ Color: _____
Sire: _____
Owner: _____

Breed: _____
Sex: _____ Tattoo: _____
Dam: _____
Phone: _____

Temperature: _____ °F Pulse: _____ b/min

Respiration: _____ b/min

Is horse a bleeder? Yes No NTMK

Has horse been nerved? Yes No NTMK

Eyes clinically normal? Yes No

Heart and lungs auscultated? Yes No

If male, are both testicles palpable? Yes No

Has horse been castrated? Yes No
If so, when? _____

Any history or clinical evidence
of other surgery? Yes No NTMK

If surgery has been performed,
has horse clinically recovered? Yes No
(Explain below)

In your opinion, is there any clinical evidence
of lameness, or significant conformational
defects or other pathological conditions?
(Explain below) Yes No

Any colic within last 6 mos? Yes No NTMK

Does the horse manifest clinical evidence of
contagious or infectious disease? Yes No
(Explain below)

Any knowledge or clinical evidence of
contagious or infectious disease on
the premises within the last 60 days?
(Explain below) Yes No

If mare, currently pregnant? Yes No NTMK

To what stud? _____

Date of last pregnancy exam? _____

Any clinical evidence of objectionable
vices or habits? (Explain below) Yes No

In your opinion or to your knowledge,
are there any additional medical facts
that should be brought to the attention
of the insurer? (Explain below) Yes No

If foal under 30 days of age, IgG Test Results: _____

Has official EIA test been run? Yes No
Date: _____ Results: _____ Lab: _____

If any surgery has been performed, describe type of surgery: _____

Explanation of abnormal findings and/or additional comments: _____

Date: _____

Time: _____ (of examination)

Signed: _____

Phone: _____

Fax: _____

Address: _____