

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

(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.**