

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? | _____ | _____ | | _____ | _____ |
| Additional for foals under 150 days of age: | | | | | |
| (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? | _____ | _____ | | _____ | _____ |

- (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.