

-SIDE B-

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

This certificate should be completed by the examining veterinarian to the best of his / her ability for horses A and B as scheduled on Side A of this form. The completed certificate must be forwarded without delay to the insurance agency listed at top of Side A, because vet exams are only valid for 15 days from exam date for insurance purposes. During exam, horse(s) should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made concerning stabling conditions and the presence of contagious disease.

I, _____, D.V.M., do hereby certify that I am a graduate veterinarian holding a current valid
(Please print)
license to practice in the State of _____, and that I have examined this day, the following listed animals:

A. _____

B. _____

	A		B	
	YES	NO	YES	NO
1. Pulse and respiration normal at rest and after work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart auscultation normal at rest & after work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Respiration auscultation normal at rest and after work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. History or evidence of bleeder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Any evidence of bone or joint disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Palpations normal? (Note any swelling, heat, stiffness and / or pain).				
Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tendons and Ligaments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Hoof tester results negative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Properly shod?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has horse been castrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If mare, is she reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Previous foaling problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. If male, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has any surgery been performed, or any scars or marks indicating previous surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Any conditions present that could require surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Subject to or previous history of colic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A		B	
	YES	NO	YES	NO
19. Any evidence or history of laminitis, club foot or P3 rotation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Any evidence of infection or disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Contagious diseases on premises or locally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Any symptoms detrimental to satisfactory breeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Any vices or objectionable habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Any major conformation faults, that may affect the horse for its intended use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Any evidence of lameness jogging straight or on circles in both directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is the stabling and turnout safe & adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. On satisfactory worming program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you the usual veterinarian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. In your opinion or to your knowledge are there any reasons why these animals should not be insured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL FOR FOALS UNDER 150 DAYS OF AGE:

	YES	NO	YES	NO
1. Was birth normal with no complications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does foal stand and nurse normally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pulse strong and normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Respiration regular and clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has foal received medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Arabians & 1/2 Arabians under 6 months: Please submit test results for Combined Immunodeficiency Syndrome (CIDS) on a separate page.

★ If any horse is under 30 days old, please submit IgG results on a separate page.

ADDITIONAL QUESTIONS:

- Does this horse(s) have any pre-existing conditions, history of lameness, or additional medical facts that should be brought to the attention of the Insurance Company?
- Has the horse(s) been attended by you or any other veterinarian for any ailment, injury or medical problem in the last 12 months? If yes, explain.
- Is the horse(s) sound for the use intended?
- Has an X-ray or ultrasound examination been performed on the horse(s) in the last 12 months? If so, why and what were the results?
- If surgery has been performed, describe procedure, state of recovery and likelihood of future problems resulting from surgery.
- How long have you known applicant? _____
★ If Coggins Test has been done on horse(s), please attach results.

Worming / Immunizational Listing: Please indicate by a (✓) the worming & immunization administered by you for the past 12 months.

	Jan. – Mar.	Apr. – Jun.	July – Sept.	Oct. – Dec.
Wormer / Method				
Tetanus				
Encephalitis				
Influenza				
Rhinopneumonitis				
Strep equi				
Rabies				
West Nile Virus				
Other / Specify				

<p>Additional Comments or Explanation to questions above: (Please attach separate sheet if necessary)</p>	Signature of Veterinarian _____
	EXAMINATION DATE _____ & Time _____ AM PM
	Clinic Name _____
	Address _____
	City _____ State _____ Zip _____
	Office Phone: _____ Fax: _____