

VETERINARY CERTIFICATE OF EXAMINATION FOR INSURANCE

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

Breed _____ age _____ Color _____ Sex _____

Markings and /or tatoo number: _____

Owned by: _____

Name _____ Address _____

Temperature, pulse and respiration normal? [] Yes [] No
Eyes normal? [] Yes [] No
Heart normal? [] Yes [] No
History of EIPH? [] Yes [] No
EIA negative? [] Yes [] No
If male, are both testicles evident? [] Yes [] No
If mare, is she reported in foal? [] Yes [] No

If yes, please comment: _____

Has any surgery, including castration or neurectomy been performed? [] Yes [] No
If yes, describe a. procedure, b. state of recovery, c. likelihood of future problems and/or complication resulting from the procedure

Any lameness or faulty conformation or other abnormal condition? [] Yes [] No

Describe: _____

History of colic or any other intestinal disorder? [] Yes [] No Describe including frequency of occurrence: _____

Describe any objectionable vices or habits the horse may have: None: [] _____

Is the horse exposed to any contagious or infectious diseases? [] Yes [] No

Is stabling adequate? [] Yes [] No

Describe: _____

In your opinion, in your knowledge, are there any other medical facts that should be brought to the attention of the company? _____

Except as noted above, I hereby certify that to the best of my knowledge and belief the horse is in sound and insurable condition

Date of examination: _____

By: _____

Time of examination: _____

Address: _____

City, State, Zip Code

West Nile Virus Vaccination Date: _____

Phone: _____

EEE Vaccination Date: _____