

VET EXAM Printable Form

Roger Peters Livestock Insurer Inc.: Box 219 - South Sioux City, Nebraska 68776
 WATTS: 1-800-228-8664 - FAX: 402-494-8810

SUPPLEMENTAL INFORMATION RELATING TO SUBSTANTIATION OF INSURANCE VALUE REQUESTED

BREEDING STALLION INFORMATION				BROODMARE INFORMATION	
Current Stud Fee	# of Mares Booked	Date Last Bred	Total # of Foals	Sale Price of Foals Sold	Current Price & Stud Fee
A.					
B.					

SHOW HORSE INFO

A.		PLEASE PROVIDE INFORMATION ON SEPARATE SHEET OF PAPER \$ Earned, titles, standings, All other accomplishments.
B.		

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining Veterinarian to the best of his/her ability as a licensed Veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

IMPORTANT

ANY HORSE THAT HAS BEEN NERVED AT OR ABOVE THE FELTLOCK IS NOT INSURABLE

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

A _____ B _____

	Yes	No		Yes	No		Yes	No
Pulse and respiration normal?	___	___	History or evidence of bleeder?	___	___	If mare, is she reported in foal?	___	___
Temperature normal?	___	___	History or evidence of nerving?	___	___	If male, are both testicles evident?	___	___
Eyes auscultated?	___	___	Has horse been castrated?	___	___	Any evidence of laminitis?	___	___
Heart auscultated?	___	___	Has any surgery been preformed?	___	___	Any Vicious or objectionable habits?	___	___

If surgery has been performed, describe procedure, state of recovery and likelihood of future problems resulting from surgery

Is animal subject to or has previous history of intestinal attacks? (colic)? Yes No _____

Any lameness of faulty conformation or other abnormal conditions? Yes No _____

IGg test results on foals under 91 days old. Results:

Coggins Test required to provide swamp fever coverage: Date _____ Results _____

DO NOT HOLD THIS APPLICATION AWAITING COGGINS RESULTS.

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company or any reason why the animal should not insured?

Additional Comments:	Signature of Veterinarian: D.V.M.
	Address:
Office Phone # :	Date & Time:

**VETERINARY CERTIFICATES ARE NOT ACCEPTABLE UNLESS COMPLETED
WITHIN 15 DAYS PRIOR TO BEING RECEIVED BY AGENT.**