

Veterinarian Examination Form

Agent Name: _____ Telephone Number: _____ E-Mail: _____	Agent Address: _____ _____
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Horse(s) owned by: _____

Horses examined:

1) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____
2) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____
3) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____

To the best of your knowledge, are there now or have there ever been any:	Horse #1	Horse #2	Horse #3
a) pulse, respiration or temperature abnormalities?	_____	_____	_____
b) eyes or vision defects?	_____	_____	_____
c) heart defects or heart murmurs?	_____	_____	_____
d) bleeding, nerving, firing or blistering?	_____	_____	_____
e) gastrointestinal disorders or colic incidents?	_____	_____	_____
f) operations performed?	_____	_____	_____
g) lameness or unsoundness of limbs?	_____	_____	_____
h) conformation faults?	_____	_____	_____
i) vices or objectionable habits?	_____	_____	_____
j) indications of contagious disease on the premises or in the area?	_____	_____	_____
k) medical facts affecting life, health or use?	_____	_____	_____
l) dangers to life or limb related to an illness, injury or disease?	_____	_____	_____
Additional questions:			
m) If female, is she in foal? (provide due date)	_____	_____	_____
n) If female, any breeding or foaling problems?	_____	_____	_____
o) If male, has he been gelded?	_____	_____	_____
p) If male, any problems with testicles?	_____	_____	_____
Questions for foals under 30 days (not examined before 24 hours):			
q) Were there any foaling complications?	_____	_____	_____
r) Is the foal an orphan?	_____	_____	_____
s) Has the foal received any medication?	_____	_____	_____
t) Is CBC normal?	_____	_____	_____
u) IgG level – provide measurement	_____	_____	_____

Please explain any 'yes' answers, including dates and treatment given. Also, advise how any operation, illness, injury or disease will affect the life, health or use of the animal: _____

I have examined the horse(s) named above, at rest and while in motion.

Veterinarian's Signature: X _____ **Date of Exam:** _____
Time of Exam: _____

Veterinarian's Name: _____
 Address: _____
 Telephone Number (_____) _____ Facsimile Number (_____) _____

COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.
*****RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT.*****
PLEASE DO NOT MAIL DIRECTLY TO BERKLEY EQUINE & CATTLE.