



# Veterinary Certificate of Examination

## Veterinary Certificate of Examination for Mortality Insurance *(Not necessary for Specified Perils Coverage - F.L.T.)*

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 ability as a licensed veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, \_\_\_\_\_, 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 this day examined:

Item #	Name	Age	Color	Sex	Breed
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____

Owned by \_\_\_\_\_  
Name Address Zip

### Health of Animal

	Horse 1		Horse 2			Horse 1		Horse 2	
	Yes	No	Yes	No		Yes	No	Yes	No
1. Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. History of colic?	<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"/>	8. History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Has horse been castrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart auscultated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Has any surgery been performed on the horse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. History or evidence of bleeder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. If mare, is she reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. History of laminitis/founder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. If male, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date last dewormed _____					How often dewormed? _____				

If any surgery has been performed, describe type of surgery and date.

If any surgery has been performed, has horse fully recovered?			<input type="checkbox"/>	<input type="checkbox"/>
Is there any likelihood of future danger to life or limb as a result of each surgery?			<input type="checkbox"/>	<input type="checkbox"/>
Have any radiographs been performed on the neck or spine?			<input type="checkbox"/>	<input type="checkbox"/>
Any lameness or faulty conformation or other abnormal conditions?	<input type="checkbox"/>	<input type="checkbox"/>	Is the stabling adequate?	<input type="checkbox"/>
Is there evidence of vices or objectionable habits?	<input type="checkbox"/>	<input type="checkbox"/>	Are you the regular veterinarian for this horse or client?	<input type="checkbox"/>
In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company?			<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain.

**EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE HORSE IS, EXCEPT AS NOTED, SOUND.**

Additional Remarks

Signature of Veterinarian \_\_\_\_\_

Date of Exam \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_