

**PAYMENT OF VETERINARIAN FEES FOR THE PURPOSE OF INSURANCE EXAMINATIONS
ARE THE RESPONSIBILITY OF THE OWNER(S)**

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/her 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:

Name: _____ Breed: _____
Age: _____ Sex: _____
Color: _____ Owner: _____

| | | | |
|---------------------------------|----------------|--|----------------|
| Pulse and respiration normal? | Yes ___ No ___ | History of Colic? | Yes ___ No ___ |
| Temperature normal? | Yes ___ No ___ | History or evidence of nerving? | Yes ___ No ___ |
| Eyes clinically normal? | Yes ___ No ___ | Has horse been castrated? | Yes ___ No ___ |
| Heart auscultated? | Yes ___ No ___ | Has surgery been performed on the horse? | Yes ___ No ___ |
| History or evidence of bleeder? | Yes ___ No ___ | If mare, is she reported in foal? | Yes ___ No ___ |
| History of laminitis/founder? | Yes ___ No ___ | If male, are both testicles evident? | Yes ___ No ___ |

TESTICLES OF NORMAL DIMENSION AND CONSISTENCY AND FULLY DESCENDED INTO SCROTOM?
YES ___ NO ___

Date Last wormed: _____ How often wormed? _____

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

If surgery has been performed, has horse fully recovered? _____

Any lameness or faulty confirmation or other abnormal conditions? _____

Is the stabling adequate? _____ Is there evidence of vices or objectionable habits? _____

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

Are you the regular veterinarian for this horse or client? _____

Except as noted, I hereby certify to the best of my knowledge and belief the horse is, except as noted, sound.

Remarks: _____

Signed: _____ Date of Exam: _____
Veterinarian

Address: _____ Phone No: _____