Wilson&Cunningham West
INSURANCE AGENCY

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

Payment of veterinarian fees for the purpose of insurance examinations is the responsibility of the owner(s).

VETERINARIAN'S CERTIFICATION

I, the veterinarian named below, do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the state named below, and that I have this day examined the horse described below.

VETERINARIAN'S NAME	LICENSED IN THE STATE OF

HORSE EXAMINED

NAME	AGE	COLOR	SEX	BREED

OWNED BY

EXAMINATION

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

DATE LAST WORMED	HOW OFTEN WORMED?

HISTORY & FINDINGS

IF ANY SURGERY HAS BEEN PERFORMED, DESCRIBE TYPE OF SURGERY AND DATE	
HAS THE HORSE FULLY RECOVERED FROM SURGERY?	**REGULAR VETERINARIAN FOR THIS HORSE OR CLIENT?**
ANY LAMENESS OR FAULTY CONFORMATION OR OTHER ABNORMAL CONDITIONS?	
IS THE STABLING ADEQUATE?	**ANY EVIDENCE OF VICES OR OBJECTIONABLE HABITS?**
ANY MEDICAL FACTS THAT SHOULD BE BROUGHT TO THE ATTENTION OF THE COMPANY?	

CERTIFICATION & SIGNATURE

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

REMARKS	
VETERINARIAN'S SIGNATURE	**DATE OF EXAM**
X	
VETERINARIAN'S ADDRESS	**PHONE**