

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

(DO NOT hold this certificate awaiting EIA results.)

Horses being examined should be observed at all gaits to demonstrate soundness of limb and freedom of movement. Careful examination & inquiry should be made as to housing conditions, animal husbandry & the presence of infectious disease.

I, _____ do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the province of _____ and that I have examined this day, the following animal:

Horse	Sex	Colour	Breed Distinguishing Markings, Brands and Tattoos	Year of Birth	Exam Location
	Gelding <input type="checkbox"/> Stallion/Colt <input type="checkbox"/> Mare/Filly <input type="checkbox"/> Mare In Foal <input type="checkbox"/>				

Owner Name: _____ **Phone** _____ **Email** _____

Health History

	YES	NO		YES	NO
1. Any medical facts that should be brought to the company's attention			9. If mare, is she in foal? Due date:		
2. History or evidence of bleeder			10. Any past breeding or foaling problems		
3. History or evidence of nerving			11. Any parasite problems in the past		
4. Any kind of congenital deformity or abnormality			12. Any previous history of intestinal attacks or colic		
5. Has any surgery been performed on the horse			13. Any vices or objectionable habits		
6. Any scars or mark that would indicate a prior surgery or medical treatment			14. Any concerns with housing conditions, animal husbandry or presence of infectious disease		
7. Any type of surgery or treatment being contemplated			15. Has horse been castrated		
8. Any evidence of laminitis			16. If male, any testicle abnormalities		
Explain any YES Answers:					
	YES	NO		YES	NO
17. Pulse and respiration normal			20. Heart beat normal		
18. Temperature normal			21. Clinically sound		
19. Eyes clinically normal			22. Vaccinated to your recommendations		
Explain any NO Answers:					

Date and Time

* _____
SIGNATURE OF VETERINARIAN
D. V. M.

Office Phone Number

Name of Veterinarian (please print)

Office Address

VETERINARY CERTIFICATES WILL NOT BE ACCEPTED UNLESS FULLY COMPLETED AND SIGNED BY A VETERINARIAN AND RECEIVED BY THE INSURANCE COMPANY WITHIN 30 DAYS OF THE EXAMINATION DATE.

Please forward this completed form to: Broker: _____ Fax: _____ Email: _____ Contact: _____