



VETERINARIAN EXAMINATION FOR MORTALITY INSURANCE – Please complete entire form

The purpose of this examination is to identify and examine the involved animal in accordance with this Certificate, and to report to the company any medical facts known to you or obtained by your examination. **HORSES SHOULD BE EXAMINED IN MOTION.**

I, _____ do hereby certify that I am a veterinarian specializing in Equine Practice, holding a current license to practice medicine in the state of _____ and have this day examined:

NAME	AGE	SEX	BREED
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OWNED BY:

ADDRESS:

Pulse & respiration normal?	Yes		No		History or evidence of nerving?	Yes		No	
Temperature normal?	Yes		No		Has horse been castrated?	Yes		No	
Eyes clinically normal?	Yes		No		Any evidence of other surgery?	Yes		No	
Heart auscultated?	Yes		No		If mare, is she reported in foal?	Yes		No	
History or evidence of bleeder?	Yes		No		If male, are both testicles evident?	Yes		No	
Vaccinated against West Nile Virus?	Yes		No		If male, are genitalia of normal size and consistency?	Yes		No	
Has horse ever had colic surgery?	Yes		No						
Any history or evidence of laminitis?	Yes		No						

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

If surgery has been performed has horse clinically recovered: _____

Any clinical evidence of lameness, faulty conformation (angular, flexural, laxity), joint swelling or localized limb edema, or other abnormal conditions? _____

Is stabling adequate? _____

To your knowledge are there any additional medical facts that should be brought to the attention of the company? _____

If yes, give details, including date(s) _____

Is there evidence of vices or objectionable habits? _____

Are there currently any contagious diseases on the property? Give details: _____

Has official E.I.A. test been run: _____ Date: _____ Result: _____

Additional Questions FOR FOALS 24 HOURS UP TO and INCLUDING 30 DAYS OF AGE

Was birth normal with no complications?	Yes		No		Date AND Time of Birth				
Was foal born premature?	Yes		No		Any flexural deformities?	Yes		No	
Did foal stand & nurse normally?	Yes		No		Does foal have patent urachus?	Yes		No	
Is there evidence of hernia?	Yes		No		Is umbilicus dry & normal?	Yes		No	
IgG reading & Date taken					White blood count & date taken				
Has foal received any medication, plasma or colostrum?					If yes, give date(s)				
Is foal currently on any medications, including antibiotics?					Are they prophylactic or therapeutic treatment?				
What antibiotic is being administered and how long will it be administered?									
Is there any history or evidence of rib fracture(s):					If yes, how many ribs are fractured?				

This certificate has been completed by examining veterinarian to the best of his or her ability as a licensed veterinarian.

DATE and TIME OF EXAM

VETERINARIANS SIGNATURE

TELEPHONE #

PRINT NAME

VETERINARIANS ADDRESS