

Reliable coverage is our commitment.

## Veterinarian Certificate of Examination

Applicant Name:

Mailing Address:  City, State, Zip:

I, (Print Name)  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:

Horse Name:

Breed:  Age:  Color:  Sex:  Use:

Owned by (Name / Address):

1. Pulse and Respiration normal:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	22. Any evidence of infection or Disease:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Heart auscultation normal:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	23. Any evidence of bone or joint disease:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Temperature normal:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	24. Is stabling adequate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Eyes clinically normal:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	25. Aware if horse received any performance enhancing procedures, intramuscular and /or joint injections, any medications, or any preventive treatments in the last 12 months:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Any previous history of colic:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	26. Palpations normal- Back, Stifles, Knees, Hocks, Fetlocks, Tendons / Ligaments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Any previous history or evidence of a bleeder:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	27. Have you or any other licensed equine veterinarian treated horse for any ailment, injury, lameness, or medical problem in the last 12 months:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Any previous history or evidence of nerving:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	28. Does the horse appear relaxed or free of pain in all gaits / movements observed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Any previous history of laminitis, founder, clubfoot:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	29. Have you observed the horse in gaits / movements for its breed and use:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Any evidence of lameness, faulty conformation other abnormalities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	30. Are you the regular veterinarian for this horse or applicant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Any degenerative changes, bone spurs, chips or osteochondrosis on any X-rays taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, for how long: <input type="text"/>		
11. Uncharacteristic behavior last 24 months:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
12. Has horse ever had surgery:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
13. How often wormed: <input type="text"/>					
14. Date of last worming: <input type="text"/>					
15. Has horse been castrated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
16. If male, are both testicles evident:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
17. Any evidence of bone or joint disease:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
18. Hoof tester results negative:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
19. Is horse properly shod:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
20. Gestation, lactation, or parturition history:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
21. Gestation, lactation, or parturition history:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

### Breeding Mares Only

1. If yes, expected birth date: <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is horse pregnant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Quarter Horse Only:

1. Any HYPP signs or symptoms:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. HYPP Tested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments to questions requiring further detail: (Include General evaluation for named horse, professional opinion on soundness)

[Large empty box for comments]

**If a foal born between 24hrs up to 60 days old, please completed this section:**

Date & time of birth:	[Text Box]	Foal on any medication including antibiotics, plasma or colostrum supplement:	[Text Box]
Birth normal with no complications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is umbilicus dry and normal:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does foal have patent urachus:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any flexural deformities:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any evidence of hernia:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

IgG readings: [Text Box]

White blood count: [Text Box]

If yes, provide dates: [Text Box]

If the foal is on antibiotics, what is being administered and how long: [Text Box]

Foal have any evidence or history of rib fractures:  Yes  No

If yes, provide details: [Text Box]

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

[Text Box]

Veterinarian's Signature

[Text Box]

Address

[Text Box]

Date

[Text Box]

Phone#