

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 | | |
| 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 | | |
- If yes, for how long:

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 |

Breeding Mares Only

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

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

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

Date & time of birth:

Birth normal with no complications:

☐ Yes ☐ No

Is umbilicus dry and normal:

☐ Yes ☐ No

Does foal have patent urachus:

☐ Yes ☐ No

Any flexural deformities:

☐ Yes ☐ No

Any evidence of hernia:

☐ Yes ☐ No

IgG readings:

White blood count:

Foal on any medication including antibiotics, plasma or colostrum supplement:

☐ Yes ☐ No

If yes, provide dates:

If the foal is on antibiotics, what is being administered and how long:

Foal have any evidence or history of rib fractures:

☐ Yes ☐ No

If yes, provide details:

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

Veterinarian's Signature

Address

Date

Phone#