

VETERINARIAN EXAMINATION FOR MORTALITY INSURANCE

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: _____

COMPLETE THIS SECTION FOR FOALS 24 HOURS TO 30 DAYS OF AGE

Was birth normal with no complications?	Yes	No	Date & 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 & TIME OF EXAM _____ VETERINARIANS SIGNATURE _____ TELEPHONE # _____

PRINT NAME _____ VETERINARIANS ADDRESS _____