



901 SW 60th Ave.
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VETERINARY CERTIFICATE FOR MORTALITY INSURANCE

Horses being examined for Insurance should be moved outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining Veterinarian to the best of his ability as a licensed Veterinarian. The completed certificate should be forwarded to the above address without delay.

I, _____ 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:

Name _____ (USE NEXT PAGE FOR MORE THAN ONE) AGE _____ COLOR _____ SEX _____ BREED _____

Sire _____ Dam _____

Markings or tattoo number _____

Owned by _____ Address _____

Pulse and respiration normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bleeder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Temperature normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chronic colicker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eyes appear normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has horse been nerved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Auscultated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has horse been castrated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any other surgery been performed on the horse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

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

If surgery has been performed, has horse fully recovered? _____

Is there any likelihood of future danger to life or limb as a result of such surgery? _____

Any lameness or faulty conformation or other abnormal conditions? _____

Indicate any medical condition that, in your opinion, endangers the life of this animal _____

Is the stabling adequate? _____

Any contagious or infectious disease present? _____

Except as noted above, I hereby certify that, to the best of my knowledge and belief, the horse is in sound and healthy condition.

Date of examination _____ Signed _____ Address _____