

# VETERINARY CERTIFICATE OF INSURANCE FOR MORTALITY INSURANCE

Horses being examined for insurance should be moved about 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 their ability as a licensed veterinarian. The completed certificate should be forwarded to the insurance agent 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 on Date: \_\_\_\_\_ I examined:  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Markings or Tatoo #: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Trainer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Location of Horse: \_\_\_\_\_

	Yes	No		Yes	No
Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	Any symptoms detrimental to satisfactory breeding?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	Subject to or previous history of colic?	<input type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	Any digestive disorder past or present?	<input type="checkbox"/>	<input type="checkbox"/>
Heart auscultated and found normal?	<input type="checkbox"/>	<input type="checkbox"/>	Any indication of infection or disease?	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of bleeder?	<input type="checkbox"/>	<input type="checkbox"/>	Any indication of lameness?	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of firing or blistering?	<input type="checkbox"/>	<input type="checkbox"/>
Any evidence of laminitis?	<input type="checkbox"/>	<input type="checkbox"/>	Is stabling adequate?	<input type="checkbox"/>	<input type="checkbox"/>
Any signs of founder?	<input type="checkbox"/>	<input type="checkbox"/>	Contagious disease on premises or in neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>
Any surgery ever been performed?	<input type="checkbox"/>	<input type="checkbox"/>	Results of fecal exam normal?	<input type="checkbox"/>	<input type="checkbox"/>
Has horse been castrated?	<input type="checkbox"/>	<input type="checkbox"/>	Date last wormed:	<input type="checkbox"/>	<input type="checkbox"/>
If male, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>	Are you the usual veterinarian for applicant?	<input type="checkbox"/>	<input type="checkbox"/>
If female, is she reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>	Any evidence of vices or objectionable habits?	<input type="checkbox"/>	<input type="checkbox"/>
Any breeding or foaling problems?	<input type="checkbox"/>	<input type="checkbox"/>			

Any scars or marks on the horse that would indicate prior surgery?  Yes  No

Describe type and date of any prior surgery: \_\_\_\_\_

If surgery has been performed, has horse fully recovered?  Yes  No

Is there any likelihood of future danger to life and limb as a result of such surgery?  Yes  No

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the insurance company?  Yes  No

EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE HORSE IS, EXCEPT AS NOTED, IN SOUND AND HEALTHY CONDITION FOR THE FOLLOWING USE:

Remarks:

\_\_\_\_\_

Signed Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_