



A Berkley Insurance Company  
 475 Steamboat Road, Greenwich, CT 06830  
 1-800-866-2308

Agent Name, Address and Telephone Number:

**VETERINARIAN EXAMINATION FORM**

Horse(s) owned by: \_\_\_\_\_

**Horses examined:**

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Use: \_\_\_\_\_  
 2) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Use: \_\_\_\_\_  
 3) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Use: \_\_\_\_\_

**To the best of your knowledge, are there now or have there ever been any:**

horse #1    horse #2    horse #3

- a) pulse, respiration or temperature abnormalities?..... \_\_\_\_\_
- b) eyes or vision defects?..... \_\_\_\_\_
- c) heart defects or heart murmurs?..... \_\_\_\_\_
- d) bleeding, nerving, firing or blistering?..... \_\_\_\_\_
- e) gastrointestinal disorders or colic incidents?..... \_\_\_\_\_
- f) operations performed?..... \_\_\_\_\_
- g) lameness or unsoundness of limbs?..... \_\_\_\_\_
- h) conformation faults?..... \_\_\_\_\_
- i) vices or objectionable habits?..... \_\_\_\_\_
- j) indications of contagious disease on the premises or in the area?..... \_\_\_\_\_
- k) medical facts affecting life, health or use?..... \_\_\_\_\_
- l) dangers to life or limb related to an illness, injury or disease?..... \_\_\_\_\_

**Additional questions:**

- m) If female, is she in foal? (provide due date)..... \_\_\_\_\_
- n) If female, any breeding or foaling problems?..... \_\_\_\_\_
- o) If male, has he been gelded?..... \_\_\_\_\_
- p) If male, any problems with testicles?..... \_\_\_\_\_

**Questions for foals under 30 days (not examined before 24 hours):**

- q) Were there any foaling complications?..... \_\_\_\_\_
- r) Is the foal an orphan?..... \_\_\_\_\_
- s) Has the foal received any medication?..... \_\_\_\_\_
- t) Is CBC normal?..... \_\_\_\_\_
- u) IgG level - provide measurement..... \_\_\_\_\_

Please explain any 'yes' answers, including dates and treatment given. Also advise how any operation, illness, injury or disease will affect the life, health or use of the animal: \_\_\_\_\_

I have examined the horse(s) named above, at rest and while in motion.

Date of Exam: \_\_\_\_\_

Veterinarian's Signature: X \_\_\_\_\_

Time of Exam: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Facsimile Number ( \_\_\_\_\_ ) \_\_\_\_\_

**COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.**

**\*\*\*RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT. Please do not mail directly to StarNet.\*\*\***