

## VETERINARY CERTIFICATE OF EXAMINATION

THE PURPOSE OF THIS EXAMINATION IS TO IDENTIFY AND EXAMINE THE INVOLVED HORSES IN ACCORDANCE WITH THIS CERTIFICATE, AND TO REPORT THE MEDICAL FACTS OBTAINED BY THE EXAMINATION TO THE INSURANCE COMPANY. THIS VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE IS **NOT** A STATEMENT OF INSURABILITY OR SERVICEABILITY FOR ANY INTENDED USE.

HORSES BEING EXAMINED SHOULD BE OBSERVED IN MOTION. THIS CERTIFICATE SHOULD BE COMPLETED BY THE EXAMINING VETERINARIAN TO THE BEST OF HIS KNOWLEDGE AND ABILITY AS A LICENSED VETERINARIAN.

I, \_\_\_\_\_ do certify that I am a graduate Veterinarian holding a current license (License No. \_\_\_\_\_)

to practice in the State of \_\_\_\_\_ and that I have at this time and date examined:

Name of Horse: \_\_\_\_\_ Color/Breed/Sex./Age: \_\_\_\_\_

Owned By: \_\_\_\_\_ Tatoo No.: \_\_\_\_\_

Distinguishing scars, marks, or characteristics of animal: \_\_\_\_\_

### IMPORTANT

**ANY HORSE THAT HAS BEEN NERVED AT OR BELOW THE FETLOCK, OR THAT HAS PREVIOUSLY SUFFERED FROM AN ATTACK OF COLIC MAY NOT BE INSURABLE**

	Yes	No		Yes	No
History of evidence of bleeder?	___	___	Temperature normal?	___	___
History or evidence of nerving?	___	___	Eyes clinically normal?	___	___
Any evidence of laminitis?	___	___	Heart auscultated and found normal?	___	___
Any evidence of vicious habits?	___	___	Has horse been castrated?	___	___
Has any surgery ever been performed?	___	___	If male, are both testicles palpable?	___	___
If female, is she reported in foal?	___	___	Date last wormed? _____	___	___
Subject to or previous history of colic?	___	___			
Any digestive disorder past or present?	___	___	<b>FOALS:</b>		
Any indication of infection or disease?	___	___	Was the birth normal with no complications? _____	___	___
Is animal on routine medication?	___	___	Foal stand and nurse properly?	___	___
(other than dewormers)			Pulse strong and normal?	___	___
If yes, please list: _____			Respiration regular and completely clear?	___	___
Contagious disease on premises or			Has foal received any medications?	___	___
In neighborhood? _____	___	___	IGG Normal? _____	___	___
Pulse and respiration normal?	___	___	(Only applicable on foals 30 days or younger.)		

Give complete details in regard to any of the above questions that might have a bearing on the health or soundness of this horse and in

addition are there other medical facts that you feel should be brought to the attention of underwriters. \_\_\_\_\_

Are you the usual veterinarian for applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and Time: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

Application and Veterinary  
Certificate of Examination  
Must be postmarked within  
48 hours of date and time  
completed.

For immediate Binding of full  
mortality coverage upon completion  
of this examination Veterinarian  
must telephone company.



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