

**VETERINARIAN'S STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE**

Horses examined for insurance should be moved about outside the stall and observed for any abnormalities in movement or conformation. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease.

I, \_\_\_\_\_, do hereby certify that I am a graduate Veterinarian holding a current license to practice in the State of \_\_\_\_\_ and that I have this day examined the following animal at rest and in motion:

Name \_\_\_\_\_  
(USE BACK OF PAGE FOR MORE THAN ONE HORSE)      Age \_\_\_\_\_      Color \_\_\_\_\_      Sex \_\_\_\_\_      Breed \_\_\_\_\_

Sire \_\_\_\_\_      Dam \_\_\_\_\_

Markings/Tattoo \_\_\_\_\_

Owned by \_\_\_\_\_

	Name		Address		
	YES	NO		YES	NO
Pulse and respiration normal?	_____	_____	History or evidence of nerving?	_____	_____
Temperature normal?	_____	_____	Has horse been castrated?	_____	_____
Eyes clinically normal?	_____	_____	Any report or clinical evidence of other surgery?	_____	_____
Heart auscultated?	_____	_____	If mare, is she reported in foal?	_____	_____
History or evidence of bleeding?	_____	_____	If male, are both testicles evident?	_____	_____
Has horse ever had colic surgery?	_____	_____	Any history or evidence of laminitis?	_____	_____

If surgery has been performed, describe type of surgery and give date of surgery: \_\_\_\_\_

If surgery has been performed, has horse clinically recovered? \_\_\_\_\_

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

Any clinical evidence of lameness, faulty conformation or other abnormal conditions? \_\_\_\_\_

Is the stabling adequate? \_\_\_\_\_

In your opinion or to your knowledge, are there any additional medical facts that should be brought to the attention of the company? Give details including date(s) \_\_\_\_\_

Is there evidence of vices or objectionable habits? \_\_\_\_\_

If male, are genitalia of normal size and consistency for a horse this age? Yes \_\_\_\_\_ No \_\_\_\_\_

Has official E.I.A. test been run? \_\_\_\_\_ Date \_\_\_\_\_ Lab # \_\_\_\_\_ Result \_\_\_\_\_

Remarks \_\_\_\_\_

For Foals under 30 days of age: IgG \_\_\_\_\_ WBC \_\_\_\_\_

Is foal presently on any medications, give details: \_\_\_\_\_

***This certificate has been completed by the examining veterinarian to the best of his or her ability as a licensed veterinarian.***

\_\_\_\_\_  
Date and Time of Examination

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Veterinarian's Address