



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

The purpose of this examination is to identify and examine the involved horse in accordance with this Certificate, and to report to the company any medical facts known to you and/or obtained by you in the examination. Horses should be examined in motion.

I, \_\_\_\_\_ do hereby certify that I am a veterinarian specializing in Equine Practice, holding a current license to practice medicine in the state of \_\_\_\_\_ and have this day examined:

Name	Age	Color	Sex	Breed
Sire	Dam			
Markings/Tattoo # _____				

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

Name	Address
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Pulse and respiration normal?	Yes	No	History or evidence of nerving?	Yes	No
Temperature normal?	Yes	No	Has horse been castrated?	Yes	No
Eyes clinically normal?	Yes	No	Any evidence of other surgery?	Yes	No
Heart auscultated?	Yes	No	If mare, is she reported in foal?	Yes	No
History or evidence of bleeder?	Yes	No	If male, are both testicles evident?	Yes	No
Vaccinated against WEST NILE VIRUS?	Yes	No	If male, are genitalia of normal size and consistency for a horse of this age and breed?	Yes	No
Has horse ever had colic surgery?	Yes	No			
Any history or evidence of laminitis?	Yes	No			

If any 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 (angular, flexural, laxity), joint swelling or localized limb edema, or other abnormal conditions? If yes, give details \_\_\_\_\_

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? If yes, give details, including date(s) \_\_\_\_\_

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

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**ADDITIONAL FOR FOALS 24 HOURS TO 30 DAYS:**

Was birth normal with no complications?	Yes	No	Date & Time of Birth	_____
Was foal born premature/dysmature?	Yes	No	Any flexural deformities?	Yes No
Did foal stand and nurse normally?	Yes	No	Does foal have patent urachus?	Yes No
Is umbilicus dry and normal?	Yes	No	Is there evidence of a hernia (umbilical/inguinal)?	_____
IgG Reading(s) and Date(s) taken	_____	White Blood Count & date taken	_____	
Has foal received any medication, plasma or colostrum supplement?	_____	If yes, give date(s)	_____	
Is foal presently on any medications, including antibiotics?	Yes	No	Are they prophylactic or therapeutic treatment?	_____
What antibiotic is being administered and how long will it be administered?	_____			
Is there any history or evidence of rib fracture(s)?	_____	If yes, how many ribs are fractured?	_____	

***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
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Print Name	Veterinarian's Address
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