

**VETERINARY CERTIFICATE OF HEALTH – EQUINE**

(For Horses over 180 days)

The HORSE being examined should be moved outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and the presence of contagious or infectious diseases or other issues relevant to the health / wellbeing of the HORSE.

APPLICANT / INSURED \_\_\_\_\_ Ranch / Farm Name \_\_\_\_\_

NAME of HORSE \_\_\_\_\_ Reg # \_\_\_\_\_  Stallion  Mare  Gelding

Breed \_\_\_\_\_ Use \_\_\_\_\_ Year of Birth \_\_\_\_\_ Approx. Age \_\_\_\_\_

Approx. Height \_\_\_\_\_ Color & Markings \_\_\_\_\_ Sire \_\_\_\_\_ Dam \_\_\_\_\_

VETERINARIAN (please print) \_\_\_\_\_ PLACE of Examination \_\_\_\_\_

Name of Practice \_\_\_\_\_ DATE of Examination \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**INSTRUCTIONS TO EXAMINING VETERINARIAN completing this form:** Please read the following statements and declaration in Section 1 before completing Section 2. Your signature at the bottom of this page also constitutes your agreement with the declaration in Section 1.

**SECTION 1**

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|--|--|
| 1. The pulse and respiration are normal.                   | 13. If MALE, HORSE is not believed to be cryptorchid.  |
| 2. The temperature is normal.                              | 14. If MALE, both testicles evident and palpate normally.  |
| 3. The eyes are clinically normal.                         | 15. If FEMALE, no external symptoms detrimental to normal breeding.  |
| 4. The heart was auscultated and found normal.             | 16. No history or evidence of lameness.  |
| 5. No history or evidence of being a bleeder while racing. | 17. No history or evidence of firing or blistering.  |
| 6. No history or evidence of nerving.                      | 18. The stabling is adequate.  |
| 7. No history or evidence of laminitis.                    | 19. There is no contagious or infectious disease on premises or neighborhood.  |
| 8. No surgery has ever been performed.                     | 20. If FOAL, birth was normal with no complications.   |
| 9. No digestive disorder past or present.                  | 21. HORSE has received no medication in past year other than routine.  |
| 10. No previous history of colic.                          | 22. No conformational abnormalities that would interfere with the HORSE's intended use or could lead to life threatening problems. |
| 11. Horse appears in good health.                          | 23. No early sign or indication of ataxia.   |
| 12. No indication of infection or disease.                 |  |

**I declare** (to the best of my professional knowledge) **that the statements listed above are correct in respect of the subject HORSE, with the exception of those listed below,** (please give full details):

**Incorrect Statement Numbers and Comments:**

Statement #	Comment

**SECTION 2**

- Date of Coggins Test. \_\_\_\_\_
- Please list diseases currently inoculated against. \_\_\_\_\_
- If FEMALE, is she reported in foal?  Yes  No If so, what is her last breeding date? \_\_\_\_\_
- What was the last worming date of the HORSE? \_\_\_\_\_
- Are you the usual VETERINARIAN for this HORSE?  Yes  No \_\_\_\_\_
- Please provide details of all treatment and medication during the past 12 months administered by any Veterinarians – specifically whether any horse has received any joint injections, any type of medication long or short term, or preventive in the last 12 months. If none, write none here:  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE USE THE BACK OF THE PAGE IF YOU NEED TO EXPAND ON ANYTHING IN EITHER SECTION 1 OR 2 OR ANY OTHER ISSUES THAT YOU FEEL ARE RELEVANT TO THE HEALTH OR ENVIRONMENT OF THE HORSE.

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**Except as noted above, I certify that to the best of my knowledge and belief this HORSE is healthy and sound and in my opinion is a suitable candidate for mortality insurance for the use stated above.**

Examining VETERINARIAN Signature \_\_\_\_\_ Date: \_\_\_\_\_