

VETERINARY EXAMINATION CERTIFICATE (EQUINE)

Name of Applicant _____

Place of Examination: _____ Date of Examination: _____

DESCRIPTION OF HORSE EXAMINED:

Name _____ Breed _____ Sex _____ Approximate Age _____

Dam _____ Sire _____ Approximate height _____ Tattoo _____

Color and markings _____ Intended use of horse examined _____

INSTRUCTIONS TO EXAMINING VETERINARIAN:

An adequate history, including the possibility of occurrence of colic, bleeding, abortion, accident, illness or disease or surgical operations (e.g. neurectomy) must be recorded below.

It is required that each animal shall be examined outside the stall and that it be made to move about to demonstrate freedom from lameness. A physical examination of each individual, including temperature, pulse rate, respiratory rate, auscultation of the heart and lungs (pre and post exercise), auscultation of the abdomen and test of visual acuity must be performed. Further tests or specialized diagnostic procedures may be requested by the Insurance Company.

I. HISTORY

- (a) Is there any history of colic? Yes No
If yes, describe below.
- (b) Is there a history of bleeding (epistaxis)? Yes No
If yes, describe below.
- (c) Has there been any previous illness or disease? Yes No
If yes, describe below.
- (d) Is there a history of previous surgical operations on this horse? (e.g. neurectomy) Yes No
If yes, describe below.
- (e) Has this mare ever aborted? Yes No
If yes, describe below.
- (f) Date of last Coggins test: _____
Result: _____

III. (a) Have you previously attended the above horse? If yes, for what purpose: Yes No

(b) Have you previously attended other animals for the applicant? If yes, for how long? Yes No

(c) Are the applicant's husbandry practices (e.g. Nutrition, facilities, parasite control and vaccination schedules) Adequate Inadequate
If inadequate, describe: _____

(d) Is the incidence of contagious disease in this horse's environment significantly higher than normal? Yes No
If yes, describe: _____

II. EXAMINATION

	<u>Pre Exercise</u>		<u>Post Exercise</u>	
	Normal	Abnormal	Normal	Abnormal
Temperature	_____	_____	_____	_____
Pulse Rate	_____	_____	_____	_____
Respiratory Rate	_____	_____	_____	_____
If abnormal, state abnormality:	_____			

(b) Normal Abnormal
 Auscultation of heart: _____
 Auscultation of lungs: _____
 Auscultation of gastrointestinal tract: _____
 If abnormal, state abnormality _____

(c) Locomotion: Normal Abnormal
If abnormal, state abnormality below.

(d) Eyes Normal Abnormal
If abnormal, state abnormality below.

(e) Is the mare pregnant? Yes No
Last breeding date: _____
If yes, describe any signs which may be detrimental to normal parturition below.

(f) Has the horse been castrated: Yes No

(g) If male, are both testicles evident? Yes No

(h) Are there any symptoms that are detrimental to satisfactory breeding? Yes No

IV. Give complete details as may be required by the above questions or if there is additional information concerning the health or soundness of this horse that would affect its insurability: _____

V. I have examined the above horse on this date and my opinion as to its health and soundness is accurately stated above.

Name of Examining Veterinarian (please print) _____

Address _____ Telephone () _____

Date _____ Signature _____