**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: __________________________

(b) Have you previously attended other animals for the applicant? If yes, for how long?

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

(d) Is the incidence of contagious disease in this horse’s environment significantly higher than normal?
   If yes, describe: _________________________________________________________________

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 __________________________