

# VETERINARY CERTIFICATE

<b>CANADIAN FARM INSURANCE CORP o/a</b> <b>LIVESTOCK INSURANCE MANAGERS</b> PH: 306-244-8181      FAX: 306-244-8183      EMAIL: info@lim-sk.ca		AGENT STAMP / CONTACT INFO
<b>CLIENT'S NAME – FARM OR INDIVIDUAL:</b>	<b>DATE OF EXAMINATION:</b>	
<b>ATTENDING VETERINARIAN:</b>  Veterinary Clinic Phone Number Email	<b>LOT #</b>	<b>ENTIRE TATTOO / RFID #</b>
	<b>SEX</b>	<b>BREED</b>
	<b>BIRTHDATE</b>	
Are you the regularly attending Veterinarian for this Farm or Individual? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a current Herd Health Program for this Farm or Individual? <input type="checkbox"/> Yes <input type="checkbox"/> No How often does a Veterinarian attend this Farm or Individual yearly? <input type="checkbox"/> less than 5 times <input type="checkbox"/> 5 to 10 times <input type="checkbox"/> more than 10 times		

**INSTRUCTIONS TO EXAMINING VETERINARIAN:** An adequate history, including the possibility of an accident, illness or disease or surgical operations (e.g. dehorning), 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 and respiratory rate, must be performed. Further tests or specialized diagnostic procedures may be requested by the Insurance Company.

## A. Environment

1. Where was this animal examined:       In clinic     On farm     Other: \_\_\_\_\_
2. Type of Housing or Shelter? ie: pasture, corral (steel or wood), open faced shed, barn, trees \_\_\_\_\_
3. To your knowledge, has any reportable disease been diagnosed in your county, municipality or region in the past year?       Yes     No  
If so, indicate date, area and disease: \_\_\_\_\_
4. Have any cases of bloat or grain over-load been treated in this herd in the past 12 months?       Yes     No

## B. Physical Examination

- Body Condition Score:** (A score of 1 is very thin, a score of 5 is very fat)       1     2     3     4     5
- Docility Score:** (A score of 1 is very quiet, a score of 5 is wild and may charge)       1     2     3     4     5
5. Are the temperature, pulse rate and respiratory rate within the normal range?       Yes     No
  6. Do the eyes appear normal?       Yes     No
  7. Does the coat appear normal?       Yes     No
  8. Does this animal manifest any lameness or faulty confirmation in any of its feet or legs, including long toes?       Yes     No
  9. Has any surgery or procedure requiring local or general anesthetic been performed on this animal?       Yes     No  
If yes, please give details (date of surgery, recovery, likelihood of further complications to reproductive abilities or general health). \_\_\_\_\_
  10. Does this animal have current vaccinations for Blackleg, Footrot, IBR, BVD and Haemophilus?       Yes     No
  11. In the past 12 months, has this animal been treated for endo or ectoparasites (deworming)?       Yes     No

## C. Female Reproduction

12. Is this cow examined yearly?       Yes     No
13. Are the reproductive organs found to be properly developed for the age of the animal and without abnormality?       Yes     No  
If no, please give details: \_\_\_\_\_
14. Is this cow pregnant? If yes, state expected due date: \_\_\_\_\_       Yes     No
15. Symptoms detrimental to satisfactory breeding / delivery?       Yes     No  
If yes, explain: \_\_\_\_\_
16. Has this pregnant animal been vaccinated for Scours?       Yes     No

### or Male Reproduction

17. Is this bull examined yearly?       Yes     No
18. Was this animal Trychomoniasis tested?       Yes     No
19.  **All items below are normal and properly developed for the age of the animal unless otherwise indicated.**  
 Accessory Sex Glands     Inguinal Rings     Penis     Prepuce     Scrotum     Scrotal Shape     Testicles     Epididymides
20. Scrotal Circumference: \_\_\_\_\_ (cm)     Above Average     Average +/- 1cm     Below Average     Below Minimum

## D. Further Comments and Observations

I hereby certify that I have examined the above identifiable animal and have found it to be of the Health Condition and Age stated and verified by the above questions. Except as noted above, I hereby certify this animal is in sound and healthy condition for the use stated above.

\_\_\_\_\_  
**Veterinarian Signature**  
 Veterinary Certificates must be received by **LIVESTOCK INSURANCE MANAGERS** within 30 days of the Examination

\_\_\_\_\_  
**Date of Signature**